MEDICAL CENTURY

THE NATIONAL JOURNAL OF
HOMŒOPATHIC MEDICINE AND SURGERY

VOL. XXII MAY, 1915 No. 5

ORIGINAL ARTICLES.

DRUG PICTURES.

BY JOHN H. CLARKE, M. D., THE ÆSCULI.

ÆSCULUS GLABRA (ÆS. G.).

CLINICAL.—Meningitis, cerebrospinal. Spinal sclerosis.

CHARACTERISTICS. — Though fragmentary, Hale's account of *Æs. g.* is very striking. The fruit contains the most active poisonous properties, though the bark, which has an offensive odor, and the leaves are also poisonous. Cattle often eat the fruit, the effects being—(1) Dilatation of stomach and abdomen; staggering; reeling; apparent loss of sight; constipation. (2) Falling; paralysis of hinder extremities; palsy; wry-neck; convulsions; fixed eyes and death. Two of Hale's pupils commenced to prove *Æs. g.*, but soon abandoned the attempt on account of the severity of the symptoms. It caused: (1) Vertigo, severe, with reeling like drunken men; vertigo with *nausea;* fulness of the head; confusion of ideas; a confused stupor; thickness of speech. Loathing of food. Nausea. Cramp in stomach. Sensation of fulness in stomach. (2) Great weakness. Trembling of lower limbs. Strong tendency to contraction of the legs. Constipation. A decoction of the root, says Hale, is used by the Indians to *stupefy* fish. He quotes McDowell as saying that ten grains of the rind of the fruit are equivalent to three grains of opium. Its chief clinical use has been in the treatment of hæmorrhoids, and the root has a popular reputation in Ohio as a preventive when carried in the pocket or suspended round the neck and worn resting on the pit of the stomach. The spine symptoms suggest its use in cerebrospinal meningitis and spastic paralysis. An elderly gentleman, very active, who suffered from obstinate constipation, the result of a fractured pelvis many years before, and some paretic symptoms of the lower limbs. Felt "extraordinarily better" after I prescribed a course of *Æsc. g.* 3. *Æsc. hip.* 3 had helped him on former occasions, but the effect of *Æsc. g.* made a much more marked impression.

RELATIONS. *Compare:* Op. in drowsiness and coma. *Follows well:* Pul.

SYMPTOM.

1. MIND.—Confusion of ideas.

2. HEAD.—Vertigo, severe, with reeling like drunken man.

24. GENERALITIES.—Great weakness.

26. SLEEP.—Stupor and confusion, followed by coma.

CLINICAL.—Angina pectoris. Blepharospasm. Leucorrhœa. Night terrors of children. Paralysis. Stiff neck. Tetanus. Ulcers, varicose.

CHARACTERISTICS.—*Æsc.* is one of the greatest treasures of *Hale's New Remedies.* It has been very well proved by Helbig in 1844, by Buchanan in 1859, and, later, by the heroic band of provers of the New Remedies, including C. W. Bryce, T. C. Duncan, H. M. Payne, W. H. Burt, C. H. Lee; and Hering includes "a very good proving by Neville from a Thesis in 1864 to 1865." Though chiefly thought of as a pile remedy, *Æsc.* has really a polychrest range. George Black gives an exhaustive account of it in his paper read before the B. H. L. and published in the Society's *Journal,* July, 1902. Black quotes the cure of a case of *"Chronic Cough With Emaciation"* cured by Buchanan with one daily administration of "as much powdered chestnut as would lie on the point of a knife," after many other remedies had long been given in vain. According to Hering there is some clinical significance in the name of the tree (Horse-chest-nut) and he gives "chest complaints of *horses*" as a doubly scored indication. There is hoarseness, dryness and stiffness of the larynx and short, tickling cough. The cough of *Æsc.* is < by swallowing and deep breathing. *"Stiffness* is quite a keynote indication of *Æsc.* There is dryness and stiffness of all mucous membranes, stiffness of muscles and joints; stiffness of skin round anus; stiffness on rising from sitting; on commencing to move. Hale says continued motion > the stiffness as with *Rhus.* This must be a clinical observation; at least I cannot find it mentioned by the provers. There is a cough with stiffness in the throat and suffocation in the upper chest. Turrel cured a case of gastralgia with jaundice after the failure of *Bry., Pul., Carb. v., Nux* and *Ipec.* Stools in hard grey masses. Much epigastric tenderness, cramps radiating to r. hypochondrium and kidneys, bruised pain in r. shoulder. *Æsc.* 12, every three hours, removed

all the symptoms, the stools becoming copious, black, consistent, and passed without enemata, which had before been necessary. A second case of jaundice with constipation in a child of three was cured in two days with *Æsc.;* it has also cured many cases of diarrhœa. Buchanan refers to cures in chronic cases with single doses of the powdered nut. Hughes records a case of long standing constipation, the bowels acting only once a week. At first there was only slight protrusion and little pain. Between the ages of 25 and 34 the pain became intense and the patient could neither sit, stand nor lie, kneeling being the only possible position. The pain lasted many weeks in winter and was always > in summer. The pain was like a knife going backwards and forwards, almost a martyrdom of agony." *Æsc.* 2, three drops in a wineglass of water, night and morning, cured. Other cases cured were: German woman, mother of four, had piles twelve years, always < during pregnancy. Mrs. W., mother of five, thought piles was a part of her being. Could neither sit nor lie with ease. Somewhat > when they bled. *Æsc.* θ, four globules, four times a day, cured in a week. A cure of anal distress; intolerable burning, itching, stinging pain at anus only *while walking*, only > by rubbing and pressure. No piles. Inclined to be caustive. > by *Nux;* < by *Ham.*, cured by *Æsc.* Black quotes from Hart a case illustrating a symptom which he considered a keynote—"*Throbbing in abdomen and especially* PELVIC CAVITIES." Mrs. C., 22, small, delicate blonde, had suffered from congestive dysmenorrhœa for five years. Eight months before Hart saw her she was thrown from a carriage and had been since then under treatment, both allopathic and homœopathic, for retroversion and prolapsus of uterus. Hart found (on September 8th) semi-paralyzed conditions of r. lower exeremity; muscles sore and contracted; totally unable to walk, has to be carried about. Face flushed and eyes sparkling. Bowels obstinately constipated. Occasionally nausea and vomiting. Skin dry and hot. Great weakness and pain in back, headache and *constant throbbing behind pubis.* The fundus of the uterus was enlarged and retroverted, cervix hot, tender, swollen, the vessels pulsating with great violence. The patient was ordered to lie on the face and left side and to use a cold vagina injection thrice daily, to take *Æsc.* 6x 2 h. until the throbbing ceased and afterwards twice daily. September 12th throbbing ceased. October 1, great improvement and able to walk. November 1, dismissed well.

H. N. Guernsey has some very pertinent observations on *Æsc.* He gives this as a keynote: "*Leucorrhœa with lameness in the back across the sacro-iliac articulations, and hence great fatigue from walking, because great part of the back gives out from walking even a little way.*" The back symptom is common to both sexes, but when occurring in connection *with uterine displacements or during pregnancy* Guernsey regards it as a keynote. *Æsc.* has very pronounced action on the laryngeal and pharyngeal mucous membrane. Mayhoffer records a case of follicular laryngo-pharyngitis with considerable catarrh, complicated with piles and very obstinate costiveness of long standing, in which *Æsc.* gave most pronounced relief to both conditions. According to Kent the key to the mental symptoms of *Æsc.* is *irritability*, depression and low spiritedness. There is a peculiar kind of plethora, a venous engagement affects the whole body, including the brain. Symptoms are < *during* sleep and are observed on waking. On waking, bewildered, does not know where he is. It is useful in night-terrors of children. The venous stasis shows itself not only in hæmorrhoids, but in purple, congested mucous membranes, skin round ulcers and blue congested extremities, throat and even the eyes, engorged veins remain after inflammations. There is engorgement of the uterus with weight in pelvic region and leucorrhœa. "*Soreness of uterus with throbbing in hypogastrium.*" Gouty affections of the joints. *Æsc.* is a *slow* remedy of reduced activities. Among the *peculiar symptoms and sensations* of *Æsc.* are: Sensation of balancing in the head. As if a board on the head. Side of head lain on sore. Teeth feel as if covered with oil. Sensation in the throat as if the air breathed were colder. Burning in stomach with severe lumbar backache. As if stomach contained warm water. Pressure as from stone in pit of stomach. Constant severe aching in pit of stomach and r. lobe of liver. Stiffness of skin round anus. As though mucous membrane of rectum thickened or swollen and obstructed passage. As though folds of mucous membrane obstructed the passage. Desire for stool each time wind was eructated. Pressure in throat-pit, as if something had stuck there and required to be expelled. Cough with sensation of stiffness in throat and suffocation in upper chest. Heat in chest. Pain in chest, as if a stone lay in scrobiculus cordis. Burning in mammæ. Pain in sternum, as if a piece were torn out of chest. Pain in l. lung > passing wind. Twitching over region of heart. Sensation like hot lightning. Among *Concommitants, Sequences* and *Alternations* are: Stomach and lumbar region. Pit of stomach and r. lobe of liver. Stitches in hypochondria following headache with fluent coryza. Colicky pains following a hard stool. Straining at stool with shivering. Desire for stool each time wind eructated. Pains in chest alternate with pains in abdomen. There is pressure at root of nose. Lips hot. Tongue as if scalded. Dryness, roughness, constriction and burning run through the remedy. Constriction of skin of forehead,

of throat, of chest, of rectum. Rigor, cramps and the tetanic condition are analogous states. Paralytic symptoms are numerous, of limbs, of bladder (retention of urine), relaxation of sacro-iliac joints. On the other side of the constriction symptoms is the fulness of the blood-vessels a sort of venous plethora. *Soreness* is another common symptom of *Æsc.*, of calves; of tendo Achillis; of side of head lain on; of muscles; of corns. There is much drowsiness with yawning and *stretching*, the last very marked. The l. tonsil, the apex of the heart, and r. lobe of liver are regions affected. Among the *Modalities* of *Æsc.* are: < side lain on (head sore). The headache is < stooping; laughing; study. Rubbing and washing the face = spots and swelling. Toothache is < warm drinks and pressing the teeth; > by holding cold water in the mouth. Eating > pain in the stomach. An hour after eating food regurgitates. Rubbing = flushing of face; flow of blood to anus. Urging not > after stool. Pain in r. lung is > passing wind. Back pains are < walking; stooping; rising from sitting; moving; pressure. Pain in scapula and chest (r.) are < inhaling. Cough < swallowing or inhaling. < after washing (pricking on hands). Feet swell after walking. > by stretching (there is great desire to stretch). < after sleep (soreness all over, lassitude, headache, muscles sore). < cold air (when cold air strikes the skin, feels chilly and teeth chatter).

RELATIONS.—*Compare:* Lach. (< by sleep and on waking); Puls., Sec., Camph. in venous engorgement. Puls., < warm weather; < hot bath (= weakness; = distention of veins): Æsc. > surrounded by cold air; but superficial stinging pains > heat: Puls. also has stinging pains of scalp and body > local heat, but patient himself > cold; wants to be in the cold: at times *Æsc.* < from cold, damp weather (rheumatic and venous conditions). Sec. Sharp pains following course of nerves > heat, but patient wants cold air, > uncovered except the painful spots which are > kept warm. Camph. during twinges of pain > warm room and hot applications, but as soon as pain is over > uncovering and open windows so he can breathe. Phos., Fer., Ars., gulping up food after eating (rumination). Sul., Pet., Aga., in dull headache; walking almost impossible, scarcely able to rise or walk after sitting. Irritability, Ars. < starting to walk, > after walking a little time, Rhus (Hale). Head feels full, Mli., Scu. Tongue as if scalded, Sang. Toothache > holding cold water in mouth, Cof. Ropy mucus, K. bi. (Æsc. sweet). Sinking emptiness, gnawing at pit of stomach, Act. r. Ineffectual efforts to stool, Nux. Dark stools, Lept. Inability to walk in pregnant women, Bels. Burning in heart region, Lachn.

SYMPTOMS.

1. MIND.—Feeling of impending death (with darting pains in trachea); next day exaltation of brain and nerves; thoughts easy and clear. *Unable to fix his attention.* Mind very clear with a light feeling in anterior lobes; posterior part and cerebellum dull and heavy. Confusion.

2. HEAD.—Severe cutting pain through r. side of head. *Dull frontal headache r. to l.; with constrictive feeling in skin of forehead,* followed by flying pains in epigastric region. *Bursting headache.* Fulness in head, beating of temporal arteries and pain extending through head from one temple to the other; < stooping or getting up from a chair. Throbbing in r. frontal eminence. Dull pain in occiput, with *flushes of heat in skin of occiput, back of neck and shoulders.* Hyperæsthesia of scalp; side of head lain on is sore. *Dull weight in forehead;* with fluent coryza. Occasional neuralgic pains in forehead and apex of heart. Pains dull, severe, or shooting in l. temple. Feeling as if she had a board on her head. Severe pain r. side above temple. Formication front of temple. Sore feeling in r. parietal bone, on pressure feels as if knife piercing through. Hyperæsthesia of scalp. Pains in vertex with sensation as of pricking of pins.

3. EYES.—Pupils widely dilated, contract slowly. Great redness of the eyes, burning eyeballs and vascular appearance ("hæmorrhoidal" condition K). Jerking in r. eye. Shooting in l. eye. *Painful aching over l. eye.* Light and giddy pain in r. eye while near the light. Twitching of lids. Burning and stinging deep in l. orbit, as if the pain surrounded the ball, with feeling of coldness in the eye. Eyes filled with tears. Can read well at a distance.; can read without glasses, which she had never been able to do before. Balls feel sore.

4. EARS.—Ringing in ears (r.). Fulness in both ears. Shooting pain in l. ear and eye, later in r. Pressure in region of r. ear. Burning in ears.

5. NOSE.—*Fulness and pressure at root of nose.* Fluent coryza with dull frontal headache. Stinging and burning in l. side nose. *Coryza with cold feeling on inbreathing.* Sensation of swelling of nasal mucous membrane. Stinging and burning in posterior nares and soft palate. Formication on nose.

6. FACE.—Flush of blood to face soon after rubbing it. Stitches in l. malar bone. Severe pain in r. mastoid region. Severe pain from r. upper lip extending round to r. side of head, all forenoon. Lips hot.

7. TEETH.—Pain in sound teeth. Shooting in lower molar teeth, later in r. only. Ache in middle lower molar, < by warm drinks and pressing teeth together, > holding cold water in mouth. Teeth feel as if covered with oil.

8. MOUTH. *Salivation. Tongue feels swollen.* Soreness of tip of tongue; as if ulcerated. Taste bitter, afterwards sweetish; sweet with ropy mucus; oily or coppery with salivation. Dryness of palate. *Unable to articulate words distinctly; cannot control tongue so as to form words aright.*

9. THROAT.—Constant shooting and raw pain in throat. Hawking up of sweet ropy mucus. *Violent burning in throat with raw feeling. Stinging and burning in soft palate.* Throat felt hot < l. side. *Throat excoriated and constricted. Sensation as if air breathed were colder. Tonsils swollen, fiery red. Tonsils dark red and congested. Constant desire to swallow with great dryness. Great constriction of fauces* with tongue feeling as if scalded. Swallowing difficult. Throat and œsophagus constricted, scraped, causes hawking. L. tonsil very much swollen and painful on swallowing.

10. APPETITE.—Good appetite. Appetite increased, with sick feeling in stomach all day. Appetite diminished. Thirst in fever; no thirst in chill, but rather increase of saliva. Eating > pains in stomach. After eating, stomach feels full, as if the walls were thickened. An hour after eating, food regurgitates.

11. STOMACH.—Eructations: sour; greasy; bitter. Periodical eructations of viscid mucus. Eructations of thick mucus. Nausea; thoughts of the medicine unbearable. Nausea immediately, with ineffectual attempts to evacuate the bowels. Heartburn and gulping up of all the food after eating; can hardly eat anything. *Burning in stomach with severe lumbar backache.* Dull burning in pylorus. *Constant pain in stomach and r. lower lobe of liver. Constant distress in stomach with frequent pains through bowels.* Frequent sharp pains in region of stomach and apex of heart. Constant severe pain just below pyloric extremity of stomach. Burning in stomach, feels as if it contained warm water. Heat in stomach and thorax. Constant dull pain in cardiac portion of stomach. *Fulness after eating, as if walls thickened.* Quick severe griping in epigastrium. Sinking emptiness and gnawing at pit of stomach. Constant dull and very severe aching pain just below pit of stomach which = a very weak faint feeling; hard to endure.

12. ABDOMEN. — Pain in hypochondria through to the back, especially on inspiring. Congestion in r. lower and portal system. Pain in region of spleen. Fine stitching in l. hypochondriac region. Pinching pain in r. hypochondrium with colic. *Constant dull aching distress in r. lower lobe of liver. Great distress in liver and epigastrium.* Shooting in r. side above hip, deeply seated. Stitches in hypochondria following the headache. Stitches l. side below the ribs. *Pain at umbilicus.* Burning aching distress at umbilicus. *At umbilicus:* pricking pain around; dull pains; dull aching distress with a very severe headache; colicky pins following hard dry stool. Frequent pains, and great distress in umbilical and hypogastric regions with very urgent desire for stool and rumbling in the bowels. Constant and almost unendurable burning distress in bowels. Constrictive feeling in bowels. Cramp in bowels. At each inspiration griping of the bowels. Flying pains in bowels. Rumbling in hypogastrium with cutting pains around umbilicus. Cutting in l. inguinal region. *Throbbing in abdomen. Throbbing in pelvic cavity and hypogastrium.*

13. STOOL AND ANUS.—*Fulness of rectum. Feeling of constriction in rectum.* Fulness of colon; must have stool. Dryness of passage for several days followed by secretion of moisture. *Dryness and itching of rectum* with feeling of stiffness of skin and adjacent cellular tissue, continuing for several days. Excessive dryness with feeling of heat. *For several days sensation as if mucous membrane was thickened and obstructed the passage of fæces. Sensation as if folds of mucous membrane obstructed the passage and as if, were the effort continued, the rectum would protrude.* BURNING, ITCHING AND PROTRUSION OF ANUS. *Fulness and itching at anus after walking a mile. Severe cutting pain in anus,* with colicky pain in umbilicus, following after very hard and dry stool. *Prolapsed feeling of anus, after a stool of about natural consistence.* Half an inch of protrusion which he is unable to push up. Sphincter unable to contract. *Constant inclination to go to stool, and the rectum seems swollen. Ineffectual attempts at stool.* Fissure of anus. Sharp shooting pains running through piles up to sacrum and along back. Hæmorrhoids < *sitting and standing;* could not do either with ease. Great desire for stool each time wind was eructated. Great straining with shivering. Urging not > after stool. Constant tendency to diarrhœa for two days; almost constant inclination to go to stool, *but without any or very slight evacuations.* Stool at noon, very black, without > of urging. Three moderate fæcal evacuations half an hour after taking the drug. Two liquid motions followed by griping. *Stools: light colored, soft;* mushy; light brown; of ingesta; copious, soft, followed by burning and a feeling of swelling in rectum; watery, painless, in afternoon; *first black and hard, then white and soft;* LARGE, DARK, DRY KNOTTED, *voided with difficulty, and followed by severe cutting, burning or constricting pains in anus, with dull pains in lower abdomen* and SEVERE LUMBO-SACRAL BACKACHE. Diarrhœa, desire coming suddenly, preceded by passage of flatus, followed by pain in abdomen and eructations tasting of ingesta. Stools like a rope, solid, knotty, first half dark, rest light. *Stools of hard impacted fæces, with*

great soreness of anus. Great straining, fæces in balls.

14. URINARY ORGANS.—Terrible pain in region of l. kidney, lasting 1 h., < by motion. Shooting pains in l. kidney. Shooting pain in l. ureter from below up. *Urine scanty,* dark yellow, with scalding in passing through urethra. Retention of urine, passed after several trials. Quantity of urine diminished.

15. MALE SEXUAL ORGANS.—Shoots in orifice of urethra. Transient pains in genitals. Dull and heavy shooting pain through or near belt of penis. Soreness of testicles. Itching of testicles. Drawing of l. testicle. Drawing from r. testicle in direction of spermatic cord. Amorous dreams and seminal emissions.

16. FEMALE SEXUAL ORGANS.—Leucorrhœa. Dragging down in pelvis with lecorrhœa. LEUCORRHŒA WITH LAMENESS IN THE BACK, ACROSS SACRO-ILIAC ARTICULATIONS, AND GREAT FATIGUE FROM WALKING, *because that part of the back gives out in walking even but a little way.*

17. RESPIRATORY ORGANS.—*Short tickling cough at different times of the day with phlegm.* Dryness and stiffness of glottis and all the pharyngeal mucous membrane. Dryness of larynx with tickling scraping feeling. Throbbing, darting pain in trachea produces titillation. Pressure in throat-pit, as if something hard stuck there and required to be expelled. Rapid labored breathing. Spitting of blood on rising in the morning. Dry hacking cough caused by constriction of fauces and irritation of epiglottis. Chronic cough with emaciation.

18. CHEST.—Hot feeling in chest, with cold rising up, as after taking peppermint drops. Constant burning distress with constrictive feeling of the lower part of the chest. Heat in thorax and stomach. Warm feeling in chest. Pain in chest, as if a stone lay on scrobiculus cordis. Pains in chest alternating with pains in abdomen. *Thorax feels constricted.* Sudden stitches through chest. Lungs: feel engorged; heavy. Taking a full breath = soreness over and in lungs, with great rush of blood. *On r. side, when respiring, feels lung moving up and down.* Stitch in lower lobe of l. lung; > passing urine. Twitching from chest to l. shoulder. Stitches l. side. Stitches leave l. side chest and go to r. side. Shooting pain in sternum. Pain in sternum as if a piece were torn out of chest. Stitches in r. beast, r. side of head and front of r. thigh simultaneously. Burning in the mammæ. [*Pituitous consumption.* CHEST COMPLAINT OF HORSES. (Hering)].

19. HEART.—Darting pain in region of heart with fulness and palpitation. Neuralgic pains in heart, so severe as to arrest breathing. Dull aching burning in region of heart, with frequent pains in epigastric region. *Frequent pains in apex of heart.* Sharp pains about apex, forehead and between shoulders; a peculiar sensation from apex of heart to l. axilla, and at times down arms. Action of heart felt heavy and very rapid; jars the prover whilst lying down and pulsation felt all over body. Frequent attacks of palpitation.

20. NECK AND BACK.—*Pain in back of neck.* Drawing in muscles of r. side of neck. *Stiffness in neck* and spine with fulness in upper part of head. Lameness and weariness in back of neck and small of back. Glands of neck sensitive, slightly swollen. *Neck very stiff and swollen.* Continual pain in back, shoulders and neck, at times with pricking sensations. Pain extends from bowels to small of back. *Tearing pain in small of back and hips when walking. Great pain in sacro-lumbar region.* Chilliness extending up the back. Chilly sensation followed by pain in lumbar region, much < by pressure. *Pain, lameness, giving way in sacro-iliac symphysis;* unable to walk; especially during pregnancy and with uterine complaints. Paralytic feeling in spine, arms and legs.

21. LIMBS.—Darting and shooting pains in upper and lower limbs, especially l. Shooting pains extending down l. arm and leg. Feeling of lameness in l. shoulder and r. ankle-joints. Joints stiff, aching and painful. Limbs feel heavy. Spasms of muscles of limbs. Muscles sore, < on waking, and on motion.

22. UPPER LIMBS.—L. arm and hand became strikingly warmer and feel as if heavier and swollen. Neuralgic pain in arm. Constant jerking in r. arm. Tearing and jerking in r. arm. R. arm paralyzed, cannot raise it. Dull aching in l. elbow-joint. Sharp darting pain in l. forearm. Numbness with prickling sensation. Shooting down l. arm, also r. Hands weak, cannot control muscles when writing. Pricking in hands after washing them. Shooting pain in l. arm extending to wrist. Neuralgic pain in l. arm extending down to tip of index finger, followed by a tingling sensation. Tearing in r. arm extending down index finger. Pain extending to ulnar side of forearm from elbow to little finger, as if the nerve had been compressed. Stinging sensation in r. arm extending to fingers. Cracking of skin of hands. Nails blue.

23. LOWER LIMBS.—Constant dull pain across hips and sacrum. Limbs ache when weight of body rests on them. *Knees ache severely.* Calves sore. Feet swell after walking. Feet swell; corns very sore.

24. GENERALITIES.—Spasms of muscles of limbs. *A kind of tetanus* after a horrible constriction in pit of stomach, she got stiff with the pain, hands blue with a pricking and stinging, lasting 2 h.; second attack of same kind. Fulness of dependent parts. Tearing pains. Sore all over on waking. Too sore and languid

to attend to business. Great stretching. *Sensations like hot lightnings.*

25. SKIN.—Goose-skin. Itching of whole body, especially round waist. Formication: scalp; nose; fauces. After washing, red spots on face. *Cracking of the skin on the hands.* One old, rough, thickened patch of skin on l. elbow along ulnar bone cleared off under *Æsc.* 30.

26. SLEEP.—Disposition to stretch and yawn all the time. *Constant yawning. Yawning and stretching,* following chilly sensations. Great drowsiness; all day; falls asleep sitting for half an hour; on awaking cannot recognize what she sees and does not know where she is. On awaking bewildered, does not know where he is. *Night terrors in children.* Sleep interrupted at short intervals by sudden awakenings and screams. Great terror as from a dreadful dream apparition on opening his eyes. Slept well, but very sore on awakening. Slept well but woke three times and found I had a dull burning pain in the stomach. Dreams, troubled; distressing; of calculations which would not come right. Dreamed he was in a battle and fighting hard under great excitement, awoke troubled and found he was lying on his back; turned on r. side, thought he saw a man in his room; woke at 5:30.

27. FEVER.—Chilliness and goose-skin. Constant chills creeping up and down the back, with painful burning in anus. Chills running along spine, followed by fever, light at first, but increasing till he felt he should burn up. When cold air strikes feels chilly and teeth chatter. Severe rigors; like ague. Skin dry and hot. Burning in palms and soles. Flying heat before eructations. Profuse hot sweat with fever. General sweat with decline of abdominal distention. Sweat would break out on head and face.

The Plasma.

Of chicken and frog muscle is different from that of the organ plasma of animals. Experiments with the protein of nephritic urine confirmed the biological relationship of the urine protein to the serum protein and disprove the supposition of a relationship of the soluble protein of the kidneys.

The distribution ratio of *glucose* added to the human blood between the blood corpuscles and the serum is somewhat dependent upon the concentration. If the concentration in the serum varies between 0.2 and 0.8 per cent., then the ratio is fairly constant between 1.6 and 0.7. The sugar enters the corpuscles slowly at 0°, but the action increases very rapidly with increase of temperature, so that at 25° it is 50 more times more rapid. Previous treatment of the corpuscles with formalin markedly increases the rate at 0°.

THE FLUOROSCOPIC SCREEN IN ROENTGEN DIAGNOSIS.*

BY DR. PERKINS, NEW YORK.

THE importance of Roentgen examination in diagnosis which has been recognized and practiced in the continental clinics for many years is now receiving more attention in the clinics of the United States. Anyone who has visited and studied in the large clinics of Paris, Vienna and Berlin, and who has seen the methods and technique of the average European X-ray department, would immediately appreciate that the diagnosis is more often made with the fluoroscopic screen than with the plate. The same can also be said of Dr. Carmen at the Mayo clinic and Dr. Case at the Battle Creek Sanatarium in America. The making of X-ray plates is of minor importance in the average European Roentgen department. Various reasons produce this condition. In the first place, these clinics have many patients for Roentgen examinations; in the second place their efficient system of diagnosis demands an X-ray examination more frequently than in America. Therefore, under the circumstances, it would be a difficult problem to take a series of X-ray plates of the individual patient; besides the expense is an important item to be considered. As a result, the development of fluoroscopic screen diagnosis has approached, in those clinics, a more definite science. In America more often the examinations have been made with the plate instead of the fluoroscopic screen. It is generally well known that the first work in fluoroscopy was developed in America by Drs. Williams and Cannon, of Boston, Dr. Cannon at the time principally devoting his experiments on the gastro-intestinal tract of dogs. These experiments were made with bismuth solutions in order to find out the patency of the duodenum, after a gastro-enterostomy. The unfortunate experiences of many of the early investigators in fluoroscopy gave a decided check to the development of screen examination, until proper protection against the X-ray was developed. Properly protected instruments for fluoroscopic work can now be purchased. It may be probably impossible to secure *absolute* protection, but for practical purposes protection is available.

Relative to the value of X-ray plate study and screen examination, everyone acknowledges that the diagnosis of fractures, localization of calculi, foreign bodies, etc., plate making is more accurate, besides giving very often a necessary record of the case, and I believe this should be done in all circumstances. Plate making is often very necessary to be done in the study of diseases of the chest, and desirable in comparison with

---

*Read before Academic Pathological Science, Feb., 1915.

other clinical data; but in the study of the alimentary tract, œsophagus, stomach and intestines, unquestionably fluoroscopic screen examination is the ideal method. The plate furnishes a representation of the condition momentarily present, and the position, but of more importance, the screen furnishes needed chemical findings such as mobility, motility and conditions relating to function which the plate cannot interpret, or only with difficulty, and at a great amount of expense. When one has observed with a fluoroscopic screen the descent of a barium or bismuth solution, through the whole alimentary tract, from the mouth to the anus, and visualized the normal or pathologic morphology, motility, mobility, peristalsis, defective filling, stricture of patency of a pathological process, and many other conditions, normal or abnormal, and after witnessing such an examination on many hundreds of patients, there would hardly seem an argument for any other examination or method to be used on the gastro-intestinal tract; such a method is truly fascinating and interesting in the field of internal diagnosis, aside from its enormous practical value from a surgical as well as a medical standpoint. Having personally had a large experience in all kinds of radiological examinations throughout the continental clinics, I am convinced that the exception of gall stones and duodenal ulcer, on only a few instances have the plates added new clinical data to the fluoroscopic finding. A good illustration may be used to demonstrate this method by watching the barium meal pass through the ring of a gastro-enterostomy, and after such examination, it would be rather difficult to conceive that any other method of examination was necessary to prove that the surgeon's technique was successful. One of the most important advantages of fluoroscopic technique is the possibility of guided palpation under the fluorescent screen. The patient can be moved and turned from one position to another, and the organs observed from various angles under pressure of palpation, which may be done with a gloved hand, or better, with some form of mechanical palpator. This palpator affords better protection than the leaded glove. Palpation with the bare hand, or leather gloved hand, cannot be too strongly condemned. Among the principal purposes of palpation are the determination of mobility, the relation of various shadows, identification of pain points, adhesions and displacements of the various viscera, such as stomach, intestines or colon; different loops of bowels can easily be separated, the patency of the cardiac and pyloric valve can also be studied in great details; stasis in the cæcum and colon, relative to malignant or non-malignant changes, also the appendix may be studied in detail, according to above method. All these pathological changes can be observed in their various phases, both by the patient standing or recumbent. Only the persons who have studied and fully examined the bismuth filled stomach or intestines under the fluorescent screen can fully appreciate the value and satisfaction of this method of diagnosis, but adequate protection must be assured from every standpoint before one attempts this type of work. I hope no one will infer from this paper that Roentgenoscopic work is free from danger, but I do contend it is comparatively harmless when the problem is approached in a practical and intelligent manner to secure protection against 2 to 5 m. a. of current, which amount is always sufficient for screen work, but where a larger amount is used, such as 40 to 50 m. a., or even more, protection must be proportionately secure. There seems to be an exaggerated idea that there are grave dangers connected with X-ray diagnostic methods, but since sufficient protection has been developed I think anyone can find upon proper investigation that there has not been any one afflicted with the unfortunate results of the early pioneers in X-ray work; for example, men who unduly and indiscriminately exposed themselves and who at the time did not know the dangerous qualities of X-ray radiations. A force for good is very frequently a force for ill when improperly handled.

I regret that I have not the time in this paper to go into more detail in reference to this interesting method of diagnosis, but I am convinced the time is practically at hand when a complete X-ray examination will be a necessity on a history chart, as a physical or chemical examination of the patient. One only has to watch the fundamental thoroughness of a continental clinic to appreciate this viewpoint. Furthermore, from personal observance I have noticed that in the large clinics throughout the world the Roentgen ray in surgical diagnosis has replaced, almost exclusively, the necessity of an exploratory incision.

[A Prophecy by a Noted Roentgenologist. —In speaking of X-ray examinations, Dr. James T. Case, who is internationally recognized as an expert X-ray diagnostician, says in a recent paper:* "A diagnosis is the desideratum, and to arrive at a correct diagnosis we should take advantage of every available means, especially this new diagnostic agent of such promise. 'Plates' would then be made less and less frequently.

"The fluoroscopic observation of the *trained* eye will bear more weight in contributing to the diagnosis. Less dependence will be placed on the photographic record of static conditions and more on written record made at the time of observation under the most favorable circumstances for visualized palpation and manipulation, impossible by any other method.

---

*The Modern Hospital, Nov., 1913.

"Fewer plates will be demanded. Less time will be consumed in the purely mechanical and laborious study of Roentgenology, and more time left for the development of finer points of diagnosis."]

234 Central Park, West.

ECTOPIC GESTATION.*

BY WM. A. HUMPHREY, M. D., F. A. C. S.

Prof. of Gynæcology and Obstetrics in the Homœopathic Medical College Ohio State University.

CASE 1. Some five years ago, while in consultation in a town not far from Toledo, Ohio, I was asked to see a second patient who had collapsed that morning. The patient was a strong woman, thirty years of age. She had one child four years old. She had missed her menses a month before and had been troubled with nausea and the other customary symptoms of early pregnancy. Careful inquiry elicited the fact that the monthly period preceding the one skipped had been of irregular type and that on one or two occasions of late there had been some return of the flow. A week or so before I saw her she had complained of a sharp collicky pain down in the abdomen. During the morning of the day upon which I saw her, toward evening, she had a very severe attack of pain in the lower abdomen followed almost immediately by symptoms of collapse. The attendant saw her very soon afterwards and found her with a high feeble pulse, much prostration, pale and with considerable pain in the right iliac region.

After taking the history and making a careful examination of the patient I gave an opinion that it was a case of tubal pregnancy with rupture and advised immediate operation, which was not accepted at the time, but I was told that if she were not better the next morning operation would be considered. I cautioned against delay. The next morning early I was asked to send a nurse and to follow as soon as possible with an anæsthetist. We arrived at 3 o'clock P. M., thirty-three hours after the clinical symptoms of rupture had taken place. She was no better; in fact, she looked worse. Her pulse was 130 and thready and the same symptoms of concealed hæmorrhage were present, as upon the first visit. She was carefully etherized and saline hypodermocysis started. The abdomen was opened very quickly and found to be full of clots and serum; it seemed as if all of the blood of the body was free in the cavity. The right tube was ruptured in the ampulla. It was clamped quickly, tied off and removed. The clots were removed quickly also and the abdomen closed. She was placed in bed, the clysis continued, heat applied and stimulants used. She died twenty-four hours later. Had the operation been performed early, she might have been saved.

Case 2. Two years ago, one very cold night, I was called to see Miss B., who was suffering from severe colic; the pain was located in the left iliac region. There was vomiting and some tenderness over the appendix; pulse about ninety. The pain was soon relieved and I left her in good condition. The next morning I found her comfortable, but that evening I was sent for hurriedly when I found much the same condition present as at the first visit. The menstrual history was good. She declared she was normal three weeks before. I asked for council, which was granted. Dr. O. C. Reese came and, after careful history taking, we decided that we had an appendicitis and recommended operation, which was accepted. She was removed to Toledo Hospital the next morning and an incision made over the appendix. On opening the abdomen bloody serum escaped. Examination of the appendix found it to be normal. Further search revealed blood clots and rupture of the left tube with an embryo lodged in the rupture in such a way as to partially arrest the hæmorrhage. The tube and appendix were removed; she made an uneventful recovery and does not know to this day from me, at least, that she was pregnant. The mistake in diagnosis was made from the fact that there was no history of menstrual disturbance and that she had previously born a good reputation.

Case 3. Some months ago I was consulted by Dr. D. K. Armstrong, of Toledo, concerning a young married woman whom he thought was pregnant and in whom he suspected tubal gestation with threatening rupture. She gave a history of incomplete menstrual flow, which had returned several times for a short while. There was nausea and the symptoms of early pregnancy. There had been several attacks of colicky pains in the lower abdomen. The doctor thought that he could make out a mass in the right side. I advised that she be sent in immediately. During the day upon which she went to the hospital she had another attack. When I saw her at Toledo Hospital there was a great deal of soreness over the right hypogastrium; pulse about ninety. The next morning, assisted by Dr. Armstrong, I opened the abdomen and found the right tube ready to rupture. It was removed and found to contain an embryo. She made a good recovery. This was a typical case saved by timely interference.

By extopic gestation we understand the implantation of the ovum upon any tissue or organ within the abdomen outside of the uterus, generally the ovary or the fallopian tube. By

*Read before the Columbus Homœopathic Club, Dec. 21, 1914.

abdominal pregnancy we mean the implantation of the ovum upon the peritoneum, which is a theoretical possibility, but there is no conclusive proof of its existence primarily. A few cases of fertilized ovum being implanted upon the ovary have been proven. In these cases the spermotozoon is supposed to have penetrated the Graffian folicle before it ruptured.

Tubal pregnancy is the most frequent form; for convenience of description it is divided into four varieties, according to the part upon which the ovum engrafts itself; namely, interstitial, isthmic, ampullar and infundibular. The interstitial is rarest and the ampullar and the isthmic the most common. The ovum is fertilized under normal circumstances near the ovarian end of the tube and is several days in transit to the uterus. During all this time it is developing and by the time it reaches the uterus it has reached a stage of development at which the trophoblast is capable of eating into the tissues and so imbedding the ovum. With this in mind it is easy to see that if by any means it is delayed in its passage it may reach the stage of development requisite to be able to imbed itself while in the tube, but if this happens the trophoblast proceeds to eat into the mucous membrane of the tube and so imbeds the ovum into the tube wall instead of into the uterine wall.

Any condition which does not prevent the passage of the spermatozoon but which does prevent the passage of the ovum constitutes a potential factor in the causation of tubal gestation. Among such causes are excessive length or excessive tortuosity of the tube, blind diverticula or false passages among the mucous folds.

Salpingitis, which partially destroys the mucous membrane and interferes with the muscular contractility, pelvic peritonitis resulting in kinking, tumors of the tube or adjacent parts. Any of these are potent factors in its production.

Tubal pregnancy occurs more frequently in women over thirty than under it. Sometimes there has been a period of sterility immediately preceding it which may point to some inflammatory mischief. Tubal pregnancy has been known to recur in the same patient or on the other side or in connection with uterine gestation.

In the process of imbedding in the thin mucous membrane of the tube the trophoblast often eats through the mucous membrane and into the muscle of the tube, loosening the fibres and even eating into large vessels. These processes expose the patient to the danger of rupture of the weakened wall, hæmorrhage and the separation of the ovum from its bed.

The growth goes on, the tubal walls stretch and soon it reaches its limit of distention. By the eighth week the fimbriated end is closed the uterus enlarges and a desidual membrane forms within the uterine cavity. This deciduum usually comes away at the time of rupture, but may come away at any time in whole or in part. The detection of portions of this constitutes an important factor in diagnosis.

Tubal gestation terminates in tubal abortion (intra-tubal rupture) or extra-tubal rupture or continuance to term.

In tubal abortion, which is the most frequent termination, hæmorrhage occurs, the ovum becomes separated and the tube is stimulated to contraction as is the uterus in labor. The ovum breaks through its capsule and is propelled to the fimbriated extremity and is ejected into the peritoneal cavity. This is a complete tubal abortion and can only occur before the fimbriated end is closed; that is, within eight weeks. More often it is incomplete and the ovum remains within the tube in whole or in part. If the hæmorrhage be small in amount and gradual it may push the ovum away from its attachments, killing the embryo without stimulating its expulsion. The blood and ovum remains as a blood mole. If the hæmorrhage goes on and on the mole grows larger and is expelled or the tube ruptured. If the abortion be complete the tube contracts, bleeding ceases and recovery takes place. If the abortion be incomplete there is generally a constant dripping to the peritoneal cavity with formation of a hæmatocele about the fimbriated end of the tube. Tubal rupture will almost certainly follow if the above process does not prevail; in fact, the trophoblast may eat through the weakened wall and set up severe hæmorrhage.

Rupture into the peritoneal cavity almost always sets up fatal hæmorrhage unless prompt interference be had. Intra-ligamentous rupture into the broad ligament may result in a limitation of hæmorrhage and a possible recovery without interference. Continuance to term is very rare and can only occur after rupture in which both mother and ovum have survived. The interstitial variety is very rare and results in abortion into the uterus with a possible attachment and growth there or the uterine wall grows and hypertrophies only later than the other varieties with very disastrous results owing to the great vascularity of the uterine wall.

Symptoms.—Before rupture there may be no symptoms. The woman may not know she is pregnant. Again there are symptoms of early pregnancy. One or more periods may have been missed. There are two symptoms that are frequently and, we may say, generally present; namely, hæmorrhage and pain. Hæmorrhage occurs as recurrent slight bleedings or as a persistent brown or dark red discharge. The woman thinks she is about to menstruate or if she has missed she thinks abortion is threatening. Pieces of the deciduum may escape. Pain is of a colicky nature and is sharp, due either

to stretching of the peritoneum or to contraction of the tube. It is frequently attended with nausea and faintness.

With these symptoms present examination is always imperative. Enlargement of the uterus can usually be detected and softening of the posterior lip of the cervix may be made out. At one side of the uterus, by manual examination very carefully made, will generally detect a mass. Great care not to use much pressure is necessary, owing to the danger of rupture. At the time of rupture or abortion it is clinically impossible to differentiate the two conditions. Without warning the patient is seized with severe cutting pain in the lower abdomen. Sometimes there is a feeling as if something had given way. Either of these is followed by collapse, fainting, deadly pallor, with a small, thready, frequent pulse. Death may immediately follow. If the patient survives and is not seen for some hours a doughy mass from blood clot may be made out in cul-de-sac. The symptoms may be less severe in cases of incomplete abortion, but they partake of the same general character.

Differential diagnosis should be made from small ovarian cyst with or without pregnancy, fibroids, hydrosalpynx, pyosalpynx, retroversion of the gravid uterus or uterine abortion.

The prognosis is always grave so long as extra-uterine gestation exists, for rupture may occur at any moment. If rupture has taken place, the prognosis will depend upon the gravity of the symptoms present and the promptness with which skilled treatment is instituted.

Treatment.—There is but one treatment for these conditions and that is surgical. Abdominal section before rupture is attended by slight danger. At the time of rupture it is always indicated and should be done at once. The abdomen should be opened and the bleeding vessels secured and the tube removed. Recovery sometimes follows in desperate conditions, consequently operation is always indicated. The operation should always be done as speedily as possible. Shock should be combatted in every way possible.

In encysted hæmatocele following rupture it is not always necessary to operate since absorption may take place. However, owing to the danger of infection tubal pregnancy that has gone beyond the early months and has become secondarily abdominal becomes a difficult and dangerous matter.

Owing to the probability of extensive placental attachment to the various organs and tissues of the abdominal cavity, it is argued by many that these cases should be allowed to go on until spurious labor has taken place. At or about this time the fœtus dies and soon after the placenta becomes thrombost. After this the abdomen may be opened, so much of the sack removed as can be readily and the remainder stitched to the abdominal wall and drainage maintained until the sack is obliterated. This procedure is good practice at any time after four and one-half months. Fœtal mortality has no consideration in these cases, because such cases perish any way either before delivery or soon afterwards.

TONSILITIS.

R. C. WOLCOTT, B. PH., M. D., PH. D., TROY, OHIO.

THE advent of chemical and bacteriological knowledge, as well as the invention of many instruments, has made the diagnosis of disease much easier for the general practitioner. The last few years has put into my hands countless ways by which he can determine with accuracy conditions that formerly were not only doubtful, but many times were suspected, or, in reality, guess-work.

The symptoms are the same, however, and the remedies will do their work regardless of the diagnosis. Sometimes, we wonder at the correctness of the diagnosis made by our fathers, and also at the success of the prescriptions given by physicians years ago. When we stop and think that the remedy that was good for a sore throat yesterday is still good today, a part of the wonder disappears and we have just a little more faith that Homœopathy is always the same. This is being appreciated more and more. Clinical pictures of the same disease vary in different individuals, but the indications for certain remedies remain just the same as forty years ago.

In the hurry and hustle of busy life, many times, the general practitioner is led to use the diagnosis as a basis of his prescription and not a careful and methodical study of the symptoms of the case. Many such prescriptions lead to the cutting and trimming up of an already inflamed throat that will eventually land the patient in the tuberculosis hospital.

At this season of the year, more than any other, we are confronted with a variety of throat affections that may or may not prove serious. The symptoms at the start of the trouble may look like an ordinary cold, a case of la grippe, tonsilitis, rheumatism, pneumonia or almost any disease, but later the bad results will show the lack of time and treatment given to the case.

In every disease there is some peculiar and distinctive symptom which will differentiate this disease from similar affections. It is the doctor's mistake if he does not find it. The future happiness of the patient depends less upon the accurate diagnosis or name of his disease than it does upon the careful and thorough investigation of the remedies that will cure him. Clinical bedside symptoms should have the phy-

sician's first and last attention. The warning signals may not be as attractive to the prescriber as some of the more pleasant duties of life in other places than the sick room, but they are the important things to the patient whose health is in the hands of his medical adviser.

This paper has for its object the medical treatment of the affections of the tonsils that come to us at this particular time of the year. Not that the surgical treatment does not have its own particular place in tonsilar affections, but too many times we neglect our therapeutics and fly to surgery as a cure-all for these troubles. Many times when we think that action is demanded, it is not so much speed as it is more knowledge that is needed. Some of the noblest of men and women have gone down the valley, tonsil-less, because a suppurating tonsil has been cut out, and the best chance that could be offered the tubercular germs to take hold of that system has been seized by those little devils and they at once became busy. Some of the cases are so mild in character that at first they seem to need but little treatment This is true of many colds with a slight involvement of the throat tissues. The difference in temperature, from day to day, in this climate, makes the mild case a serious one in a few hours, oftentimes, and so the careful selection of treatment should be made at once. This will, many times, save us serious trouble. A disease often does not endanger or destroy life by its immediate effect on the organ involved, but through a secondary effect manifested some other place in the system. Many times, even in the apparently unimportant ailments, we overlook the keynote symptoms that are so essential to the cure of the patient. A rheumatic condition may follow the tonsilitis, a bronchitis or catarrhal trouble elsewhere in the mucous membranes may be traced directly to the attack of throat trouble.

The acute inflammation of the mucous membrane over the tonsil and the surrounding tissues, with the swelling of the gland itself, the fever, quick pulse, and the general systemic disturbance coming in the early spring months can hardly be mistaken for anything other than simple follicular tonsilitis. The white or yellowish exudate coming from the crypts is yet further proof of the affection.

Suppose that the swelling goes on from the acute stage to the extent of an abscess back and beyond the tonsil, then you have a quinsy. That is apt to happen if the first stage is not properly treated with the remedies. The first attack is often followed by subsequent ones and these are frequently more severe than the first. Exposure to cold, damp or changeable weather, if the system is below par or after diseases of a catarrhal character the throat is more liable to be affected. Without going into a description of the various symptoms belonging to the disease, let us bring them out by studying some of the most important remedies indicated. This will tell us the difference existing between simple follicular tonsilitis and some of the more serious and dangerous affections of the throat. The peculiar odor, the gray membrane, the facial expression, and the general systemic upset make a case of diphtheria evident at first sight. The distinction may not be so easy if seen early or if the diphtheria is very mild in form. The safest plan, therefore, is to take all the precautions of a serious case early and thus avoid danger.

If the inflammation is not extensive or severe, mild in character, the chill still on the patient, the hot, dry and burning skin, and Aconite is given the skin soon becomes comfortably moist, and later, wet, then some relief from the restlessness, chilliness, heat and dryness, aching pains and the stiffness subsides. If caught just in this early stage, the sore throat soon is under control and the results seem to be miraculous. Not many times are we privileged to see and treat the case thus early.

When the throbbing headache and even delirium comes with the deep red tonsils, and fauces, the dry mouth with a constant desire to swallow, feeling the choking sensation about the neck and painful swallowing with liquids often coming out the nose, we are seldom disappointed with the action of Belladonna. The face expresses the congestion and the neck the heavy beating of the arteries, especially on the right side.

When, during an epidemic of sore throat, the rheumatic patient begins to feel the great aching and sensation as if pounded all over we think of Phytolacca. His fauces are dry, bluish-red, or dark, congested and mouth is full of a metallic tasting saliva, and when he swallows there is a lump or hot ball in throat that will not go down. There is swelling of the glands about the tongue and shooting pains to ears from throat, together with rheumatic pains over whole body.

Mercurius biniodide is to be considered when suppuration begins and the secretions are slimy, stringy, with great fetor. There is painful swelling under the jaw, a large, flabby, mercury tongue, throbbing in the tonsils, especially left, and sticking pains in the fauces, which are aggravated on empty swallowing.

Then with glandular swelling of the neck and sharp pains like splinters in the throat with throbbing tonsils, fetid breath, metallic taste, sweat on slight motion and suppuration is inevitable, the relief comes from the use of a low potency Hepar sulphur.

Lachesis has the aggravation of all symptoms after sleep and feeling of constriction about the neck. The throat looks purplish and dark. Solids are swallowed easier than liquids and

there is a constant desire to swallow. There are many other remedies that should not be forgotten, such as Apis, Capsicum, Kali bichromicum, Guaiacum, Baryta carbonicum. All have a place that is important in the treatment of throat cases.

As we study the remedies carefully that are indicated in throat affections and prescribe them for their intended use, there comes a feeling of respect and appreciation of the value of Homœopathic medicine. Good results are obtained at the most critical periods of the disease. Inflammations subside, exudates disappear, and health is restored in a comparatively short time. With a knowledge of the reliable symptoms and conditions that are present in throat affections it is very seldom necessary to resort to any other methods than the internal remedies.

March 10th, 1915.

ARNICA IN CHOLERA.

BY C. S. KALI, M. D., L. M. S., CALCUTTA, INDIA.

BABU NAGENDRA NATH DUTTA, age 20 years; dyspeptic; slender; weak, and fair in color; student in B. A. class, Presidency College of Calcutta; residing in the Government Hindu Hostel, where are about 250 boarders under the control of a superintendent.

He got cholera at the end of the night of the 1st of February last; was promptly attended by two prominent physicians of this metropolis. They administered Veratrum θ, Aconite, Arsenic, Phosphorus, Cuprum metallicum, Cuprum arsenicum, Cuprum acetum, Secale mm. to him, but to no purpose. *Purgings and vomitings* were frequent and profuse with awful *thirst* and *horribly painful cramps.* There was also *burning sensations all over the body,* as if *he was on fire.* No urine since the morning of the 2d of February. On that day at about 2 P. M. purging stopped but *abdomen became tympanitic* with aggravation of all the above mentioned ailments.

I was called in the evening of the 2d of February last, and saw that the *patient gets no rest;* throwing limbs forcibly over the bed; wants constant fanning with no relief; no sleep; sometimes drowsy with half closed eyes. Also the following symptoms were recorded by me in detail:

Thirst unquenchable, frequently taking ice and ice water and dab-water (dab means unripe cocoanut fruit; it contains about a tumblerfull of water; here in India we always take it as a great refreshing and refrigerant when we feel thirsty); *constant desire for drinks, but does not know for what;* he cannot say whether *he is in thirst or hunger, but feels a sensation of hunger in stomach,* though the *abdomen was much* tympanitic with frequent urging to stool.

Vomiting.—Used to take place *after sometimes* of drinking liquids in such quantity *as to cause pressure to the stomach;* the vomited matter was of bitter, yellowish and greenish bile, *bearing fetid smell.* Fetid vomiting was a great and prominent feature in this case. *Eructations* also were of *fetid smell; painful, empty retchings* were very troublesome to him.

Cramps.—*In both of the legs* were of *a horrible nature;* sometimes in the flexor muscles, sometimes in extensor muscles; commencing from toes. On account of pain and cramps he became crazed and cried out in screaming that his legs were going to break asunder. (Before my going there were cramps in the hands and fingers also.) Respiration *difficult,* with *head hot and body moderately cold.*

Restlessness.—*Cannot keep the body in one position,* even for a minute or two, because he finds quite uneasy in keeping in one position for some minutes; afterwards, now and then, drowsy with half closed eyes; *head hot; liking to get cold applications* constantly on his head. Pulse was very weak.

Burning Sensations.—All over the body, as if his *body was under fire;* tore off the guernsey frock of his body, and allowed no other cover of any cloth. No amount of fanning could give him any relief.

History of the Case.—On my inquiry it was given out by his attending friends, who were also students residing in the said hostel, that on the 31st of January last on the occasion of Swararwati Puja Festival—the Bhashan (or the immersion of the image) ceremony on the next day there were night keepings, irregularities and errors in diet, with rich dishes and also of *much bodily exertions,* with exposure to cold became unavoidable. (In this joyful occasion of the worship of the Goddess of Learning every Indian Catholic Hindu student with his guardians observe the ceremony with fasting as long as the worship of the goddess is not finished.)

My two learned colleagues, who first attended the case, prescribed the medicines as mentioned above, which were not out of times. They ought to have had done good to the patient, at least for *cramps, thirst and burning sensations.* But they did nothing, so I was puzzled for what to prescribe and how to proceed on.

(1) The history of too much bodily exertions; (2) the nature of thirst; (3) vomiting, and (4) the fetid eructations, all these led me to prescribe *Arnica Montana.* So I left *Arnica* 3x potency, six doses. Next morning I learned that after its first dose wonderful results were obtained; within half an hour the patient fell asleep; the horrible cramps; the burning sensations all over the body; restlessness, on all the chief complaints were no more. From 9 P. M. up to 2:30 A. M. he slept quietly, after which passed urine in moderate quantity; tympanitic state of the abdomen disappeared. I went to see the patient for

the second time in the morning of the 3d of February, and saw *retching* in early troublesome symptom going on. He complained that pain all over the body is ailing him; he feels very weak. Pulse much improved; asked for barley water and dab water, which were allowed. Now *Arnica Montana* 3x was given every six hours.

On the 4th of February the patient passed one offensive, yellow stool, thicker in consistency. *China* 30, one dose, was given for this, and it completed the cure.

COMMENTS.

1. In this interesting case I didn't dare to prescribe *Arnica Montana* at first because the most prominent symptoms of the case, namely, (1) *"burning pains* all over the body;" (2) *"cramps in the legs;"* (3) fetid vomiting," are not found under Arnica in any of our materia medicas. But seeing that routine medicines given for these complaints by my two learned colleagues met with failure, and though, for other symptoms Arnica was well indicated, I was in a great hesitation in administering that. At last getting no other alternative I was obliged to prescribe *Arnica,* and it gave me great satisfaction by wonderfully curing all these painful ailments. All the students of this Government Hostel, including its superintendent, were quite astonished to see such a prompt and blissful operation of the homœopathic medicine. Some of them remarked that it is more prompt than any electric powers.

2. My conviction agreeing with the convictions of Drs. Lippe, Nash and others regarding the clinical symptoms is, that if further provings of our existing medicines be extended, by many other men of different constitutions, new and interesting symptoms no doubt we must get developed by and by one day or the other. (Please see page 11 of Dr. Nash's book, "Testimony to the Clinics.") Also the reader is referred to pages 103 and 104 of the same book in Phosphorus. Here you are to find the following lines:

"How symptoms observed by provers *only similar* to the symptoms observed on the sick as the result of disease may be cured by a given drug, and that the confirmation of such cures entitle this symptom—*the result of clinical experiment—to as much importance as if it had been observed on a dozen of provers."*

So I believe that no doubt on further provings we will see in *Arnica* "cramp in the legs," "burning sensations all over the body" and "fetid vomiting," for which I was in great anxiety.

How I Obtained the Fetid Vomiting of Arnica.—A respectable, dyspeptic Hindu gentleman, of Gaibandher village, district Rungpur, Bengal, came under my treatment about twenty-five years ago for his colic pains, from which he was suffering for two years. Sometimes after the meals every day *severe colic pains* of the stomach used to take place and obliged him to vomit the contents of the stomach, which were of *awfully fetid smell.* His eructations sometimes were of also fetid smell, and often he used to belch of very offensive smell. In this case at first I gave a dose of *Calcarea carbonica* 30, on account of his canine hunger and scrofulous constitution, then waited for a week or so but no abatement to his vomiting and colic pains. I was inclined to administer *Arnica Montana* for his occasional eructations and belchings, but as it has no *fetid vomiting* amongst the recorded symptoms in any of our materia medicas, so I hesitated for some time.

But I myself argued that when the belchings, which came out from the stomach, bear the fetid smell, vomiting also coming out of the stomach may possess the same fetidness of smell, for the inside of the stomach has the same defect, by which like belchings the vomiting also gets fetid, only that provers didn't get vomiting bearing fetid smell. Both are under the same pathological conditions, so I gave him *Arnica* 3x every three hours. I was glad to see since the first day of Arnica administration good result was obtained. That very day the severity of the colic became less, and vomiting also, though took place, was not of much in quantity, and in smell also was not much fetid. Within three days his all ailments almost disappeared. *Arnica* 3x was continued thrice daily for a week more. Since then got information from the said patient that he was doing well.

After the recovery of the above mentioned patient I obtained in several cases with *fetid vomitings* good results from *Arnica.* Now fetid vomiting is one of my guiding points for Arnica.

In this case of cholera, too, the nature of the fetid vomiting was a great guiding point to me with some other symptoms, as mentioned above, for selecting Arnica.

Another most remarkable point of *Arnica vomiting* is given below, by which it can be safely differentiated from *Phosphorus vomiting.*

Phosphorus patients drink water and vomit sometimes after, as soon as it becomes warm in stomach, which is known to everybody. Whereas the *Arnica vomit* takes place after sometimes of drinking liquids in such quantity as to cause pressure to the stomach. (American Institute of Homœopathy, June, 1914.)

150 Cornwallis Street.

Messrs. Boericke & Tafel announce that they have received a shipment of German tinctures (fresh plant) that have been on the road for about a year on account of the war. Also a shipment of the fine Olive Oil for which they are justly famous. No advance will be made in price as these goods come in under "before the war" prices.

PURPOSES OF DIETARY REGULATION.

BY FRED. B. GROSVENOR, M. A., M. D., COLLEGE OF HOMŒOPATHIC MEDICINE, OHIO STATE UNIVERSITY.

THE average off-handed dietary recommended by the physician to his patient in the hurry of modern medical practice has not a definite and distinct aim and purpose. It is a few generalities which the patient will be all the better off for observing, yet not a really scientific attempt to influence the processes of metabolism.

Let us remember, first of all, that it is far easier to outline a diet for a patient who is seriously sick in bed than to outline one for a man who is up and about his work yet sick enough to call at the office. This man must have a full diet, full in caloric value suited to his occupation and yet regulated in absolute harmony with any disturbances of digestive function that he may show.

The objects of prescribing a dietary for such an ambulatory patient are three-fold:

First.—To furnish a diet which will preserve the equilibrium of metabolism, especially in regard to the nitrogen equilibrium and will furnish enough heat producing substances, or have a sufficient caloric value to maintain a person of his occupation.

Second.—To prevent the eating of indigestible substances in general or in the individual case to prevent ingestion of a type of food which is not easily handled by the particular patient on account of some functional or organic disturbance of the digestive organs; for example, the man suffering from a chronic gastritis will have his hydrochloric acid output almost all neutralized or combined with the excessive mucus thrown out by the stomach membranes and will have decreased ability to properly digest meats. The patient with an obstruction to or stoppage in the bile currents must carefully be watched in regard to his carbohydrate and fat intake.

Third.—To prevent autointoxication, by absorption of half-digested substances, by constipation, or by requiring a diseased kidney to eliminate as much or more than a good kidney can reasonably be expected to take care of.

NECESSITIES OF A NORMAL DIET.

It is absolutely impracticable for the average physician to use careful gramme measurements in feeding his patient or to accurately estimate everything on its caloric value before feeding. Such things are a waste of patience and labor outside of the research laboratory, where they originate and where they belong. The laboratory man should spend part of his labors in transplanting into ordinary parlance these terms and values. However, it is easy to roughly estimate the caloric value of a meal and this should be done, keeping in mind the occupation or the caloric need of the individual.

Very frequently cases will be met where the patient complains that he cannot eat this and that, etc., without suffering gastric distress and eructations. We may find a patient so constituted that he cannot eat and digest some ordinary article of food, even so ordinary an article as eggs. Occasionally we find a patient who has cut from his self-made dietary a whole list of rather ordinary foods, generally readily digestible. Such patients often are almost starving themselves. What they need is a normal diet even if it does cause a little distress at first. Cabot points this out very well, indeed. Quotation as follows: "No cause of stomach trouble in women is more common than starvation. The vicious circle is established in the following manner:—Some temporary fatigue or depression of vitality results in digestive disturbance. The food eaten last or most abundantly is blamed by the patient and excluded from subsequent meals. Digestive disturbance continues. Other foods are excluded. The nutrition of the whole body including that of the stomach itself begins to suffer and digestion is still further delayed by gastric stasis or insufficient secretion. The suffering thus produced makes the patient aspirate air into the stomach (cribbing), which, in time, increases the discomfort and renders her still more timid about eating. The circle is then complete."

The writer saw a most typical case of this kind recently in his service at the University Hospital; a middle aged lady who was literally starving herself because of gastric distress, whose mind was almost constantly on her stomach. Physical and laboratory examinations were negative except to show a deficient amount of hydrochloric acid and an anæmic heart murmur, both of which we would expect, also a large amount of acetone in the urine, quite constant in starvation. This patient made a beautiful recovery in a few weeks without a dose of medicine. By persuasion and cheerfulness she was coaxed back to a more normal diet, urged to eat despite the slightest pain occasioned by digestion. Proteid food was gradually increased until the appetite began to return and she gained in weight and happiness, her gastric distress all gone. Here is a typical case where a normal diet is the best medicine.

To return to the regulation of the normal diet let us keep in mind that a normal diet must furnish the following things:—

It must furnish enough proteid to keep up the wear and tear on the tissues of the body, to preserve the so-called nitrogen equilibrium. Proteid more than all other foods goes for the construction and building of bodily tissue. A diet too poor in proteid will result in wasting of the bodily tissues, one too rich in proteid will result

in so-called autointoxication and the necessary elimination of the portion not needed by the kidneys and bowels.

It must furnish enough carbohydrates and fats to serve as fuel and keep up the heat and energy of the body. A lessening of this intake will necessitate the burning of the bodily tissues to furnish the needed heat and energy. An increase to excess will result in a storing up of these products. Obesity and sluggishness will result. The calories of energy required for the maintenance of the work of the body is, of course, greater for the laborer and active youth than for the man of more sedentary habits. A man at hard labor requires twice as much of these energy producing foods as the man of sedentary habits. He uses up twice as many calories; in other words, a high proteid does not tend to energy. Among our domestic animals the heavy work is done by the vegetarians, not by the proteid eating animals.

The diet must contain a certain amount of raw or uncooked foods of vegetables or fruits to further the necessary nucleo-albumins to ward off digestional disturbances, the best known example of which is scurvy.

The diet must contain a generous amount of indigestible vegetable fiber to give it bulk, to prevent caking of the fæces, render the mass more easy of penetration and to promote regular bowel movements.

It must contain a generous amount of water and salts of various kinds. Although these are not, strictly speaking, foods, yet they are very necessary for digestion. It must be remembered that a large portion of the process of digestion consists of mixing food with water and dissolving out the nutritious qualities.

The diet must satisfy the demand of taste; it must not be too monotonous and must be well flavored in order to increase the flow of saliva and of gastric juice. A dry, tasteless dietary will not be followed by the average patient who likes to eat good things.

The amount of proteid required is a much debated question. Let it be remembered that the body does not store up proteid if taken in excess, as it does the fats and carbohydrates. The excess above that utilized to repair the wear and tear of the bodily cells is either changed into sugar in small amounts or directly oxidized, but to burn the proteid entails far more work on the part of the intestines and on the part of the eliminative organs, notably the kidney; so it seems preferably to use the other and more readily available forms of food for fuel.

The amount of proteid we eat depends on our pocket-books and on our taste for meals. The juicy, delicious, fragrant helping of nicely cooked meat appeals more to the average appetite than the drier vegetable servings. To suppose that we are not to eat meat under any circumstances as certain food faddists hold is absurd. Our canine teeth and our generous quantities of gastric juices were created to be used; our kidneys are well prepared to eliminate urea and our bowels can pass on any proteid waste. All this applies to health. In sickness our first care often is to relieve the eliminative organs of a part or most of their burdens. So we will pass on to decomposition and elimination.

AUTOINTOXICATION.

The definition of this term is still a matter of dispute, hardly dispute either, for there is really no ground for controversy. The common acceptance of the term is wrong. It is not a condition arising from the absorption of decomposition products of protein matter in the intestinal tract; such matters are not yet really "in and of" the body therefore it is in reality an exogenous poisoning. But, whatever autointoxication may be, what we are most trying to avoid is this intestinal absorption of poisons resulting from indol formation with its common sign of indican in the urine. Let us call this intestinal indicanuria.

Indican has been worked on mostly by the chemist and physiologists; the practical clinician, in busy practice, has not used this test enough and given his results to the profession. The proof of the pudding is in the eating, so the value of any chemical or microscopical reaction must be passed on and approved by the men who have to use it at the bedside; it must be valuable to them or it is not valuable at all. We have accepted "authority" on indicanuria for a good many years, but have given it little serious original thought.

Of course, indican is not formed as such in the body, but its chemical forerunners are oxidized as such so that we may see it, for by its color alone we detect it in the practical clinical laboratory. It exists in urine as a colorless substance, which cannot be precipitated, known as indoxylpotassium-sulphonate. Tracing it back, indican gets its start as a much simpler substance called indole, which indole being properly oxidized and sulphonated with a little potassium added presents itself in the urine for our consideration, glorying in the name of indoxylpotassium-sulphonate, which is quickly reduced to simple indican or indigo by means of a little hydrochloric acid and chloroform.

Indole, according to the chemists, is formed in the intestinal tract from proteids, which have been reduced to tryptophane by action of the digestive juices, and then attacked by putrefactive bacteria, especially B. coli communis. However, indican is also produced outside the digestive tract, where digestive juices and tryptophane play little part. Furthermore, we must be normally putrid to a certain extent, for B. coli and tryptophane are always abundant in the intestines, consequently so must indole be. In fact,

it is constantly formed and passed out with the stool, a small amount being absorbed by the intestinal mucosa and appearing in the urine. So that which attracts our attention is not a new substance, but simply an increase of a normal substance. It may not be poisonous in and of itself, but it acts as an index of putrefactive absorption. Our routine clinical tests, however, are scarcely delicate enough to detect the normal output.

Now, if indole is the product of B. coli and half-digested proteid in the small intestines, it is evident that an increase in either factor will mean an increase in indican output. True, but this does not mean an increase necessarily in the amount found in the urine, for it must be absorbed to get in the urine. Again, if even a normal amount was formed, a great excess might appear in the urine if anything occurred to prevent the passing out of this substance with the stool, for if it stagnates it is immediately absorbed by the intestinal valli.

So, for our first causes clinical of indicanuria —partial or complete intestinal obstruction, chronic and severe constipation, intestinal stasis. No excessive amount of indican necessarily formed.

To turn to the overproduction of indole, as said before, excessive amounts formed must be due to an increase in one or both of the bodies uniting to form it; to an increase in the half-digested proteid, or to an increase in the bacterial flora of the jejunum, or both. Excessive amount of proteid ingested means more proteid in the intestinal tract incompletely digested, and will readily cause indicanuria because the more indole formed the more will be absorbed, especially if constipation exists. Take proteid from the diet in such cases and your indican is gone.

Again, clinical causes of indicanuria, excessive proteid diet, high living, too much meat eating in constipated persons.

INCREASED BACTERIAL FLORA.

A lessened secretion of hydrochloric acid by the stomach, a stagnating condition of the small intestines and bacteria will flourish and multiply. So, clinical cause of indicanuria, diminished or absent secretion of hydrochloric acid, gastric carcinoma, severe gastric catarrh, enteroptosis, intestinal stasis.

Now, for all these above considerations (except the cancer) a brisk purgative, a thorough intestinal house cleaning, and behold, all indican is gone and will remain so as long as you restrict the proteid diet and keep the bowels open.

The object of regulating proteid diet is then two-fold:—To prevent the excessive formation of indole in the intestinal tract and to decrease the amount of urea and uric acid which the damaged kidneys may be called on to excrete. Failure in these objects means disease; means headache, malaise, toxæmia; in the case of the kidneys means gout, rheumatism, neuritis.

Since the excessive intake of the other types of food leads principally to purely digestive disturbances, to over oxidation and to obesity, we should be able to deal with them.

In conclusion, the regulation of a dietary is merely a matter of common sense superinposed upon a knowledge of physiology. It is a matter of knowing what the bodily juices are able to digest and what they are not able to handle. It is a matter of protecting the eliminative organs, both by adding foods that may be beneficial and cutting from the list those that tend to throw heavy work on these organs. Appetite as long as it is normal, that is, an appetite for normal things, may be considered a reliable guide. As soon as it begins to crave highly seasoned or tasty foods merely to please the palate, it is no longer to be trusted.

"VACCINATION BY THE INTERNAL METHOD VERSUS THE INOCULATION METHOD."*

BY DR. A. B. GRANT, ALBION, MICH.

IT is with profound gratitude that you have made it possible for me to participate in the pleasure of this gathering. It is a privilege I fully appreciate, to meet old friends, take them by the hand and look into their faces. It is, indeed, gratifying to me to find so many live wires, who are the representatives of the homœopathic law in Western Michigan. We have been hearing of your good work all over the State, and to meet with you and witness its demonstration is, indeed, an honor. It is also gratifying to know that your enthusiasm for, and your loyalty to, homœopathy, has not grown cold nor even lukewarm because of the merger promulgated by our shrewd brethren of opposing medical faith. One of our splendid types of a homœopath said to me a year or two ago "that he joined the old school county and State medical societies to help them to become more tolerant and liberal spirited, so to keep peace in the family he got into bed with them." It struck me as rather paradoxical to "keep peace in your neighbor's family" by getting in bed with his wife.

A few years ago I was kindly invited to attend the county medical society meeting in our county and present my application for membership. As usual, I was in a forgiving spirit, so consented. I was confronted by a clause in my application blank, which read: "You hereby agree to withdraw yourself from all sectarian colleges, societies and institutions." I confessed

*Read before the Homœopathic Medical Society Western Michigan, March 17th, 1915, held at the Association of Commerce Building.

my ignorance of what the term "sectarian" in medicine meant? and regretted that I was not a member of any medical college. I plead guilty of being a member of the Homœopathic Medical Society of the State of Michigan also of the American Institute of Homœopathy, if that constituted a "sectarian society" or societies. That I was a senior member exempt from dues in the State Society, which meant that I was shelved as an active member and real "has been," in facto. But if they expected me to turn my back upon the society that had conferred upon me all the honors within its gift by electing me to the offices of corresponding secretary, secretary and president, and ignore those benefits which I had received for the privilege of becoming a Jonah to them, I said, "You will have to excuse me." They argued that they were giving me more than I was losing, while I thought they would be receiving more than they would be giving.

It so happened, also, that I had a private hospital, which had grown big enough to be classed as an "institution," and according to that clause I would have to withdraw from that also and I was too poor to build another home, so what was I to do? Not being able to figure out how I could find a congenial bedfeller in that bunch, I politely told them they had better get busy and amend their By-Laws by striking out that clause, which I have been informed they have since done. [Only as a method of catching the guillible.—Ed.].

From the announcement on your program, I presume you expect to hear what I think about "internal" vaccination, or Hahnemann's method.

Shortly after the semester vacation, about a month ago, it was reported that small-pox had broken out in one of the college fraternity buildings of our city. Three students were infected, two with varioloid, and I was informed that one case was typical small-pox. Our young health officer got busy, quarantined the building, as the law prescribes, conferred with President Dixie and he told him to go ahead and he would support him in any lawful measure to prevent a general epidemic. As a result, all teachers and students were forbidden to report to classes until vaccinated. It made lively times for us doctors for a few days vaccinating the people. It was rumored that the health officer vaccinated 100 in a day at $1.00 apiece. It made no difference whether the student or professor had a scar showing successful vaccination or not, whether he or she had been vaccinated within two years or not, every fellow was arbitrarily ordered to either submit to vaccination or revaccination or remain away from their classes, with an added penalty that no credit would be given for absence from classes unless vaccinated. Some of my student friends and members of the faculty appealed to me and I gave them Vaccinum c.c. on the tongue with a card showing they had received vaccination. The health officer hearing of this had the following notice published in the Albion Daily Recorder, under date of February 17th, 1915:

WARNING.

SOME REQUIREMENTS OF THE LAW FOR THE RESTRICTION OF ANY COMMUNICABLE DISEASE.

The law authorizes the State Board of Health to designate what diseases are dangerous communicable diseases and what diseases are contagious diseases and makes it the duty of every local board of health officer to observe such rules in relation to dangerous communicable diseases and contagious diseases as may be prescribed by the said State Board of Health. Act 293, Laws of 1909.

The law requires householders and physicians to give immediate notice of the first case and of every case of any contagious disease to the health officer. (Secs. 4452-4453, Compiled Laws of 1897; Secs. 41-42, Public Health Laws of 1907.) Penalty provided.

Act 15, Laws of 1891 (Sec. 4474, C. L. 1897; Sec. 45, P. H. L., 1907), provides a penalty of "a fine of not less than twenty-five dollars nor more than one hundred dollars, or by imprisonment in the county jail not less than twenty days, nor more than ninety days," for any person who shall knowingly or wilfully subject, or be instrumental in subjecting, another person to the danger of contracting a contagious disease.

So-called internal vaccination is *not* vaccination, not legal in Michigan, and will not be accepted by the local authorities, and a certificate of such vaccination is not to be regarded as a permission to attend college or other public assemblies.

A. T. Hafford, *Health Officer.*

—Albion Daily Recorder, Feb. 17, '15.

To this "Warning" I replied the following day, under the caption, "The Vaccination Question," which reads:

THE VACCINATION QUESTION.

Publicity seems to be the only open door through which the public may gain intelligent access to some scientific problems. Vaccination and the "methods of vaccination" seem to be one vitally connected with the welfare of every individual, family and community. In a communication to your paper of the 17th inst., the health officer states that "so-called internal vaccination is not vaccination, not legal in Michigan,. etc. That it is not legal in Michigan is true. That it is legal in other States is also true. The courts of Iowa, after an impartial hearing regarding both methods, ruled that both methods introduced vaccine into the system, and it was a matter of choice between the doctor and the patient which method should be used, and that

children vaccinated either way could not be barred from the privileges of the schools because they had not been vaccinated. Internal vaccination by administring the potentized virus on the tongue, incorporated with sugar and milk, has been in vogue and successfully used by thousands of physicians for more than 25 years. I use both methods, and one method has been as successful as the other in immunizing against small-pox. The difference in effect is, that the internal method does not subject the patient to the suffering and inconvenience, loss of time, etc., that the old method does. "Methods of Vaccination" are not legalized by the courts, vaccination, itself, is.

Respectfully yours,

A. B. GRANT,

Ex-Health Officer, Albion, Mich.

—Albion Daily Recorder, Feb. 20th, 1915.

In large headlines, in another column, reads, "Small-pox in High School:"

"Light case develops, traceable to college cases. Students and teachers *must* be vaccinated. Lillian McGuire has light attack, pronounced by Health Officer Hafford as varioloid. That it is a light form is due to the fact that Miss McGuire was vaccinated ten years ago. She is a student of the high school and sat next to Dewey Russell, who attended high school from the Sigma Chi house before that place was quarantined. *Russell is still in quarantine, but has not come down with the disease.* All teachers and pupils will be vaccinated before they return to school.

A. T. HAFFORD,
Health Officer.

February 20th another shot was fired at my office, as my partner, Dr. Serio, and myself were the only doctors in the city who were vaccinating by the "internal method." The heading of this notice read: "Another Small-pox Order," which follows: "On account of a case of small-pox having developed in the High School, all will be regarded as having been exposed. Those having vaccination scars *may be revaccinated* and return to classes. Those who have never been vaccinated cannot attend classes until sixteen days after they have been vaccinated or until new vaccination is working. 'Internal vaccination' will not be accepted as permission to attend school." To this peremptory order I answered in the following, which the editor refused to publish, February 20th, 1915, "More light upon the METHODS of Vaccination." I desire to thank Health Officer Hafford for his energetic and prompt co-operation with the State Board of Health in his efforts to suppress the spread of small-pox in the city and public schools. In such an epidemic it is not surprising for some hot heads to become panicky, flushed with fear in some cases and angered in others, because of the inconvenience parents and children are subjected by the tyranny of law. Law is presumed to be founded upon common usage for the regularity of conduct and the best welfare of the common people. That some laws are not infallible is why the people are continually taxed to support legislative bodies whose business it is to keep up the repairs and tinker with the weak points in law. State and local boards of health are presumed to safeguard the public health. They deserve due credit for what has been accomplished along these lines. While this has been going on scientific problems have arisen which have called for a division of opinion. I have always refused to revaccinate patients where they had one successful vaccination, as shown by the scar. Life insurance companies do not require it, why should State boards of health or local boards of health? If small-pox itself immunes a second or successive attacks, as it does, why should not one successful vaccination give the same protection? In either case the patient would only have varioloid or a modified type of small-pox, in case of second attack. To bar students from attending classes who have had one successful vaccination and showing a good scar, until revaccinated, imposes a quasi quarantine, is usurping the constitutional rights of the individual, is unjust and arbitrary, and had it not been for the good temper of the student body the recent action of the health boards would have resulted in mob violence. Common sense is higher than some legal statutes, let's use it. Kaisers and kings, courts and police may arbitrarily curb conduct, but are powerless to suppress public or private opinion. Since the discovery of vaccination as a prophylactic measure against small-pox by Dr. Jenner in 1796 the medical profession have entertained all sorts of opinions as to just how long vaccination with cow-pox virus would immune. After having patients under surveillance for several generations, old line life insurance companies concluded that one successful vaccination immunizes the applicant for life and hence assumed the *hazardous* risk, that in case of death from small-pox they guaranteed the payment of the policy in full to the beneficiaries. But in more modern times wise doctors set the time for the virus to lose its protective power against small-pox in five to seven years, while now and then a wiser one held to the same theory of life insurance companies, viz., for life, basing their theory upon the immunizing period of small-pox itself. The result of vaccination even by the old method has so modified the virulence of the old or original type, that it is very rare now to see other than a modified type or varioloid. Epidemics are so infrequent and far between, that vaccine trusts, State boards of health and enterprising doctors have been anxious to have the good work go on, so

the immunizing period has been reduced from seven years to eighteen months, according to the time a new outbreak appears.

I am informed that the State Board of Health have instructed the local health officer to post notices on the entrance doors of the High School building warning all students under penalty of prosecution not to attend classes until vaccinated and that vaccination by the "internal method" was *not* vaccination and would not permit students to attend classes. Will the State Board of Health kindly tell us *how* cow-pox virus immunizes against small-pox? Will they kindly inform us by what therapeutic law they use a virus *like* small-pox virus as a prophylactic agency? Why not use antistreptococcic serum as a prophylactic? Why not use autogenous vaccines as a prophylactic? How do they *know* the "internal method" does not immune? Have they tested it? Which has greater weight, theory *without* demonstration or theory backed by and proven in thousands of cases *by* demonstration? If vaccine virus or cow-pox virus reaches the blood stream through the skin and does *not* via the tongue, how does it happen that morphine and other poisons are not given *exclusively* by the skin method or hypodermatically? If poison is *only* poison when introduced through the skin, then it should be harmless if taken by the mouth. If introduced through the skin is the only route by which vaccines and poisons can reach the blood stream, then all of your bread and butter, meat and potatoes should be forced through the skin because it will reach the nutrient channels quicker that way and is *not* bread and butter, meat and potatoes, etc., if taken by the "internal method." To discriminate in favor of one method of vaccination against another which has been verified in thousands of cases is about as senseless as it would be to fix the day and hour when *any* method of vaccination ceases to immune. Out of 2,000 cases vaccinated by the "internal method" there were fourteen failures to immune, while from the same number vaccinated by the skin method there were 68 failures to immune. Not only that, but septicæmia, lockjaw, convulsions, permanent ill health and death are among the fruits of the old method of vaccination and not one bad result has been reported by the new or "internal method." When more deaths are reported from careless and unsanitary vaccination than from small-pox itself, in the United States, is it unreasonable or surprising to know that intelligent people prefer to take their chances with an epidemic of small-pox rather than be vaccinated by a method of such questionable reputation? Then, to still insist upon revaccination after one successful vaccination with a good visible scar is a flagrant violation of the constitutional rights of every individual, abusive, absurd, cruel and *monstrously* wrong.

It is apropos when the courts of this State should take this matter of personal liberty in hand and settle it for all time the way Iowa and other States have done.

BOOK REVIEWS.

The Diagnostics and Treatment of Tropical Diseases. By E. R. Stitt, A. B., Ph. G., M. D., with 86 illustrations. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut Street.

This book deals entirely with tropical diseases and furnishes a knowledge of these infections that is not to be found elsewhere in as concise and practical volume this one is. The subjects are carefully presented. The book is completely illustrated and should be in possession of not only all physicians of the Southland, but every physician who desires to keep most informed on subjects of general medicine. It is not at all unlikely in active practice many of these diseases will be found in any locality, having migrated from, or at least originated in, tropical countries.

A Compend of Obstetrics. By William G. Landis, A. M., M. D. Revised and Edited by William H. Wells, M. D. Ninth Edition. Illustrated. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut Street.

This is the ninth edition of the well known Blakiston's Quiz-Compends, by Henry G. Landis, M. D., revised and edited by William H. Wells, M. D. The principal editions have been made in the fields of anatomy and diagnosis as well as in many minor operative procedures. This work has ever been a well presented compend upon obstetrics, and its popularity will be ever a stable one.

Essentials of Laboratory Diagnosis. By Francis Ashley Faught, M. D. Fifth Edition. Philadelphia. F. A. Davis Company, Publishers. 1915.

This is the fifth edition of this ever popular work. Herein has been eliminated all discussions of Clinical Pathology. The contents of the book is now confined closely to laboratory methods. Thus it is a complete, concise and practical laboratory manual. It is a handy volume for the physician to have at his elbow in the office, where it can be consulted at a moment's notice, and the beauty of the work is that whatever is desired is easily found and compactly presented.

We certainly can commend this volume to the physician of our school. There seems to be very little discussion as to value of tests made, or as to whether their significance is one that has been finally adopted in medicine. In other words, the work is operative rather than speculative.

MEDICAL CENTURY

THE NATIONAL JOURNAL OF
HOMŒOPATHIC MEDICINE AND SURGERY

PUBLISHED MONTHLY BY
THE MEDICAL CENTURY PUBLISHING CO.
LANCASTER, PA.

WILLIS A. DEWEY, M. D., Ann Arbor, Mich.
ALBERT E. HINSDALE, Columbus, Ohio. } Editors

All communications to the Editor, Books for Review, Exchanges and Contributions for publication, should be addressed to Ann Arbor, Mich.

VOL. XXII MAY, 1915 No. 5

MICHIGAN UNIVERSITY HEALTH SERVICE.

THE Health Service of the University of Michigan was established by the Board of Regents. It is now in its second year of operation.

There are connected with the service four physicians, one homœopath and three allopaths, one of the latter being a woman, who attends exclusively to women students.

During the first year there were 18,250 visits made to the various departments of the service, and the division of the work was as follows:

Homœopathic. One physician, ...6,392 patients, 35.1%.
Allopathic. One physician (female) .....2,765 patients, 15.2%.
Two physicians (male).9,093 patients, 49.7%.

18,250

It is gratifying to note the popularity and efficiency of the homœopathic service. One man doing 35.1 per cent. of the entire work while the remaining 64.9 per cent. seems to require three physicians to carry it along, which makes an average of about 21.6 per cent. per physician. That the attendance and popularity of the service is uninfluenced and voluntary is shown by the fact that the word "Homœopathic" is distinctly displayed over the service of this school.

It is to be regretted that no provision is made for women students to obtain homœopathic treatment; that probably as large a percentage of women students as men would prefer this treatment may be well assumed were suitable facilities and provisions offered.

The Homœopathic Service has had the assistance of two Senior Students assigned for two weeks each and the Allopathic Service likewise has the assistance of members of the Senior Class of that school.

It would seem as if the service should be better balanced by the appointment of another homœopathic physician in place of one of the allopaths, for if two men do only 14.6 per cent. more of the work than the single homœopath there is a lack of economic equilibrium to say the least.

HEALTH BILLS.

A bill which originated in the Legislature Bureau of the American Medical Association in Chicago was introduced the past winter into the Legislatures of several states. Notable among them were Michigan, Texas, Ohio and Illinois. Ostensibly this bill was in the interest of the Health of the people, but, as a matter of fact, it provides for numerous well paid Health Officers, giving them absolute authority in all Health matters. In several states this bill was preceded by a compulsory education bill, a necessary and good law, because compulsory medicine is not effective and practical unless the children are compelled to attend School, so that these Medical politicians can get their hands upon them. It was a bill which emphasizes what they wish to keep uppermost in the minds of the people, namely, that the child is public instead of the School. Of course, all these well paid Health Officers are to be of the Allopathic School of Medicine exclusively, no other school of medicine having the ability to perform such important duties, such as the care of the health of the people, according to the framers.

Legislatures, however, we are glad to note, have not taken kindly to this monopoly of the Medical Trust. The bill has been defeated in the states of Michigan and Texas, and we are not informed that any state has yet enacted the same. It is simply a species of Medical graft and should meet with defeat everywhere. This does not imply that the MEDICAL CENTURY wishes to assert that the Health of the people should not be conserved; on the contrary, this is well cared for already by Health Officers and Boards of Health as are at the present time organized. It would be still better cared for if the various schools were always represented on these various boards. It would certainly stand as a

guardian against any compulsory methods in Medicine and against the graft of certain manufacturers who are furnishing substances such as vaccines and serums, and it is asserted that instances have been known where certain Health Officers have received a "rake-off."

NOTICE FROM PRESS COMMITTEE.

WE have received the following from the Press Committee, which is worthy of wide publicity:

It is the aim of the Press Committee to give the American Institute extensive publicity through the Associated Press and International News, which control practically all the newspapers of the United States.

You are scheduled for a paper at the Chicago meeting. Will you kindly send me a copy of your paper before June 1st? Extracts will be made and due credit given you. These extracts must be in the hands of the press before June 10th.

This is important, and I trust you will assist me by complying with this request at the earliest date.

Keep this letter before you and do not pigeonhole or destroy it.

DR. SCOTT PARSONS,
Chairman of Press Committee.
St. Louis, Mo.

CALCUTTA HOMŒOPATHIC HOSPITAL.

THERE is a hospital located in Calcutta which has recently been completed. It has forty beds, including an infectious ward of sixteen beds for patients suffering from cholera, plague, etc. It admitted, during the last fiscal year, 150 patients, medical and surgical. The out-door department, which is free, has treated, since its opening in June, 1912, over 5,000 patients. Drs. J. C. Majumdar and D. N. Ray are the chief officers of the institution. There is also a National Indian Homœopathic Medical Society, which was established in 1902. It comprises about 100 members.

NEWS ITEMS.

IOWA.

Dr. George Royal visited Kansas City last month doing two days of strenuous Council on Medical Education work.

The Hahnemann Medical Society of the State meets in Des Moines May 11th and 12th.

MASSACHUSETTS.

Dr. William O. Mann, sixteen years Superintendent of the Homœopathic Hospital, Boston, died there April 9, 1915, of bronchitis, following an abdominal operation by Dr. Emmons Briggs of the staff. Dr. Mann was forty-six years old, a graduate of Boston University Medical School and a member of all the homœopathic medical societies.

The funeral services were held April 11, at his home, at the Haynes Memorial Hospital, the bearers being Col. Chas. R. Codman and Edwin H. Mason, of the Trustees, and Dr. J. Emmans Briggs, Dr. W. F. Wesselhœft, Dr. F. P. Batchelder and Dr. Edward E. Allen, all associates of Dr. Mann at the hospital.

Under Dr. Mann's administration the Massachusetts Homœopathic Hospital has grown steadily in size, the latest addition being the new maternity ward in the course of construction.

At a meeting recently held in New Bedford the homœopathic physicians formed the Winifred Goff Homœopathic Hospital Association. Dr. William H. Thayer was chosen president; Dr. Arthur V. Pierce, vice-president; Dr. Clarence E. Burt, secretary, and Dr. Merton W. Swift, treasurer.

Courses at the Boston University Medical School for the senior class have been materially changed so the class has mainly clinical work throughout the whole year.

The 75th annual meeting of the Massachusetts Homœopathic Hospital was held at the Evans Memorial, April 12, 13 and 14, with the annual dinner at Young's Hotel.

Dr. Laurence F. Keith was elected member of Wareham School Committee in March, after a hard campaign against a member of the board who had held the office twenty years.

Dr. William F. McKnight announces the opening of his office at 591 Middle Street, Fall River, with practice limited to neurology and internal medicine.

Dr. Frederick M. Sears has opened an office for obstetrics (twilight sleep) and general practice at 419 Boylston Street, Boston. He will also keep his Dorchester office.

April 20th Dr. Clarence Crane lectures on "What Shall We do in Emergencies" at the Evans Memorial. April 27th Dr. Wesley T. Lee discourses on "Milk." May 4th Helmuth Ulrich, M. D., tells "What Is in the Blood." These public health talks are doing a great deal of good and are well attended.

Work on the new maternity building, M. H. H., is progressing well, and Boston will soon have an up-to-date maternity building. Great credit is due Dr. Horace Packard for the same, and in the starting of this building one of the late Dr. Wm. O. Mann's wishes is realized.

LAURENCE F. KEITH, M D.,
Wareham, Mass.

MICHIGAN.

An interesting paper was read before the Detroit Practitioners' Society by Clarence H. Burton, entitled the "Beginnings of Homœopathy in Detroit." It has been issued in pamphlet form, well illustrated and is certainly a valuable contribution to historical homœopathy.

The Michigan State Society will hold its annual meeting in Detroit on Tuesday and Wednesday, May 18th and 19th. Among special features will be papers by J. M. Lee, of Rochester, New York, and W. H. Dieffenbach, of New York City. An address is to be given by Governor Ferris at the banquet, which will be held Tuesday evening.

The Homœopathic Medical Society of Western Michigan held its regular meeting, April 21st, with an excellent program.

MISSOURI.

Dr. J. M. Patterson recently took a short vacation, going back to the farm from a strenuous winter's work.

Dr. Maclay Lyon spent some time last month in Chicago doing work connected with his specialty.

Kansas City Hahnemann College holds its commencement exercises on May 21st.

Drs. George Royal, W. A. Dewey, of the Council on Medical Education, and Dr. W. E. Reily, of Fulton, visited the Kansas City Hahnemann College last month.

OHIO.

Dr. C. E. Sawyer returned from a vacation trip to the Hawaiian Islands, taken in company with Senator Harding, of Ohio, enthused with the beauties of that Pacific paradise.

PENNSYLVANIA.

Hahnemann Medical College will hold its graduation exercises Thursday, June 3, 1915.

The commencement address will be given by the Governor of Michigan, Hon. Woodbridge N. Ferris, who is also a physician and an educator of great prominence. The afternoon will be devoted to the annual meeting of the Alumni Association and to the inspection of the college and hospital. In the evening a large reception will be tendered Dr. Rufus B. Weaver, the peerless anatomist, who has just completed fifty years of devoted service as a teacher of anatomy. This reception will be followed by the annual banquet at which Hon. G. M. Saltzgaber, the Commissioner of Pensions at Washington, will probably speak.

There are many reasons why you should be with us on June 3d. You cannot afford to miss this splendid opportunity of renewing old friendships and seeing yourself the improvements that have been made at the college since you graduated. If you come and sing the college songs and refresh your memory concerning some half forgotten incident that happened during your college life, you will certainly return to your work with new vim and enthusiasm. Please write letters at once to all members of your class and arrange for a reunion on June 3d.

The Hahnemann Medical College is in excellent condition, and comparison is invited with any medical college in the world. The high class curriculum and excellent methods of teaching insures students exceptional advantages. The faculty consists of many eminent men who are also good teachers. Clinical facilities are unsurpassed, and we are equally proud of the instruction given in the fundamental subjects. The demand for our graduates is much greater than we can supply, and the opportunities for high class young men entering the medical profession have never been brighter. Please tell all prospective medical students to thoroughly investigate the merits of Homœopathy and the great advantages of obtaining a medical education at the Hahnemann Medical College of Philadelphia.

Plans are being made to have special clinics on June 2d and June 4th for the benefit of our visiting Alumni.

RUFUS B. WEAVER JUBILEE. FIFTY YEARS OF FAITHFUL SERVICE CALLS FOR RECOGNITION AND REJOICING.

Fifty years have passed since Rufus B. Weaver dedicated his life and talents to anatomy. He soon won his way by research, teaching and rare technical skill to the head of his profession.

Since then we have all sat down at his feet as Paul sat at the feet of Gamaliel, drawing inspiration and laying the foundation for the promotion of knowledge and the amelioration of the suffering.

We all cherish for him deep sympathy, warm affection and abundant gratitude for what he did for each of us during his fifty years of willing sacrifice

We cannot selfishly claim him as our very own, for his work is of such universal scope that he belongs to the whole world, and the whole world of medicine esteems and reveres him for his eminent services in his chosen field—anatomy.

In an unusual manner "Old Hahnemann" idolizes him. We hold him in our hearts of hearts, for he is bone of our bone and flesh of our flesh. To-day he stands in a position of mighty dignity and honor, and we all wish to pay homage to the years and success he has attained.

We want him as our most precious guest at our next annual reunion and banquet to be held in Philadelphia, Thursday, June 3, 1915. He knows our love for him, but we desire to fittingly express our joy and gladness in having him still with us in the full power of his usefulness.

Come to the reunion, the reception and the banquet, and by your presence make this festival day a success worthy of "Old Hahnemann."

We wish to make our tribute of affection more than a reception, more than a dinner, more than exultating gladness, more than mere shouting and singing. We want to manifest to the jubiliarian that our love and loyalty for him have the ring of real gold, so we ask you to contribute to a fund to be presented to him at the banquet, the amount you feel prompted to send. No matter how small your mite may have to be, we want

our old professor to know that all of the seventeen hundred living boys of "Old Hahnemann" have a part in bringing cheer and comfort to him upon this occasion.

The Germantown Homœopathic Medical Society held its annual Hahnemann anniversary celebration at the Hotel Majestic, Broad Street and Girard Avenue, on April 19, 1915. The program, which was an elaborate one, opened at 8:15 P. M., with music from an orchestra, after which the business meeting took place. The Censors reported favorably the names of Drs. J. Herbert Ervin and J. Allen Harrison. The guests of honor were Dr. J. Nicholas Mitchell and Dr. Rufus B. Weaver. Dr. Mitchell delivered a very eloquent address in .honor of the occasion. Dinner was served at nine thirty, Dr. W. W. Van Baum presiding. Some very pleasing vocal music was rendered by Mr. Stahl, Drs. Williams, Fenimore and Sylvis. The meeting, which was a thoroughly enjoyable one, was attended by a large number of members.

F. R. SHUTE, M. D., *Sec'y.*

The Homœopathic Medical Society of Chester, Delaware and Montgomery counties held its annual Hahnemann anniversary meeting at the Y. M C. A. building, Chester, Pa., on Tuesday, April 13, 1915, at 1 P. M. The scientific program consisted of the following: "The Advance in Serums and Vaccines," S. W. Sappington, M. D., Philadelphia; "Alcohol From a Pharmacological Standpoint," W. A. Pearson, Dean Hahnemann Medical College, Philadelphia.

The members were then invited to partake of a planked shad dinner, which was thoroughly enjoyed by a large number present.

ISAAC CROWTHERS, M. D., *Sec'y.*

The Goodno Homœopathic Medical Society of Lancaster, Pa., were guests of the Harrisburg members on April 8, 1915, at an elegant dinner, which was served at the Bolton House, and after which the regular business meeting was called to order by the vice-president, Dr. E. S. Snyder, who made fitting remarks concerning the death of their president, Dr. Reith, which occurred on December 9, 1914, and appointed a committee to draw up resolutions on the same, which consisted of Drs. Swartz, Mann and Parker. Dr. B. F. Brooks, president of the Homœopathic State Medical Society, delivered a very pleasing address, after which Dr. G. Harlan Wells, associate professor of medicine at Hahnemann Medical College, Philadelphia, gave a very interesting report of the progress that had been obtained by the college, it having added three new laboratories, a new library and seven paid professorships, and of the splendid medical course it is giving, and stated that the college now looks to the Alumni to supply students. Drs. Hartman and Snyder made some suggestions which were for the benefit of the society, after which Dr. Swartz spoke on "The Whys and Wherefores of the Goodno Society," in which he advocated a change in the name of the society to "Central Pennsylvania Homœopathic Medical Society," which was afterwards unanimously adopted. Some very interesting papers were read, which were as follows: "Conservatism in Rectal Diseases," H. B. Adams, M. D.; "Wanted—A Homœopath," H. C. Brown, M. D. Dr. G. W. Hartman, of Harrisburg, Pa., gave a very interesting report of a case of pancreatic disease. Dr. Moyer was then appointed to secure new members for the State Society. Drs. Hartman, Brown and H. H. Rhodes were appointed Censors. Drs. Brose and Smith were appointed on the entertainment committee for the next meeting at York, June 10, 1915. The members were royally entertained and the meeting was a thoroughly enjoyable one.

G. A. SAYRES, M. D., *Sec'y.*

OBITUARY.

Dr. May A. Shepherd.

Sterling, Pa., March 7, æt. 75. Hahnemann Medical College, Chicago, 1887.

Dr. David E. Archer.

Greeley, Colorado, February 1, æt. 50. Homœopathic Medical College of Missouri, 1890.

Dr. Clarissa E. Cooke.

Portsmouth, Ohio, December 6, 1914, æt. 51. Hahnemann Medical College, Chicago, 1896.

Dr. W. G. Brownell.

Rochester, N. Y., æt. 60. New York Homœopathic College, 1879.

Dr. G. L. Barber.

Chicago, December 27, 1914, æt. 71. Hering Medical College, 1894.

Dr. C. H. Cannon.

Eugene, Ore., February 18, æt. 68. Hering Medical College, 1906.

Dr. Howard L. Baird.

Pittsburgh, Pa., March 12, æt. 70. Pulte Medical College, 1889.

Dr. Smith Armor.

Columbia, Pa., æt. 91, March 14. Oldest alumnus of the Homœopathic Medical College of Philadelphia.

Dr. Frank W. Flower.

Carthage, Mo., Homœopathic College, Chicago, March 7, æt. 77.

Nancy M. Miller.

March 17th, æt. 84. New York Homœopathic Medical College for Women, 1867.

Dr. Charles L. Powers.

Coffeyville, Kansas, February 3, æt. 70 years. Hahnemann Medical College of Chicago, 1878.

Dr. Amos H. Pierce.

West Newbury, Mass., February 9, æt. 56. Boston University School of Medicine, 1882.

Dr. N. B. Delamater.

Chicago, Ill., March 11, æt. 67. Hahnemann Medical College, Chicago, 1873. Dr. Delamater was for many years Professor of Mental and Nervous Diseases in his Alma Mater.

Dr. John H. Van Deren.

Cyntheana, Ky., February 14, æt. 44. Pulte Medical College, 1893.

Dr. Mary F. Munson.

Toledo, Ohio, February 14, æt. 84. Hahnemann Medical College, San Francisco, 1886.

Dr. C. H. Cannon.

Eugene, Ore., February 18, æt. 68. Hering Medical College, 1906.

Dr. Leslie Glover.

Williamsbury, Mo., February 2, æt. 34. Kansas City Hahnemann College, 1911.

Dr. Walter M. James.

Philadelphia, Pa., Feb. 24, æt. 65. Homœopathic College of Pennsylvania, 1869. Formerly Editor of the Homœopathic Physician.

Dr. Hiram L. Chase.

Cambridge, Mass., March 26, æt. 90 years. A pioneer of Homœopathy. He was one of those who were expelled from the Massachusetts Medical Society because of his Homœopathy. He was the oldest member of the American Institute of Homœopathy.

Dr. O. W. Mann

Superintendent of the Massachusetts Homœopathic Hospital. Died April 8th. Boston University School of Medicine, 1892.

Dr. John G. Lewis.

Rushville, Ind., April 16th, æt. 52. Chicago Homœopathic Medical College, 1895.

Dr. Chester Arthur Mayer.

Louisville, Ky., died April 10, æt. 87. New York Homœopathic Medical College, 1881.

PHARMACODYNAMICS AND THERAPEUTICS.

ALBERT E. HINSDALE, A. B., M. D., COLUMBUS, O.

Cancer.

The cancers found in the stomachs of rats appear to be connected with a special parasite found in them, which seems to be a new species of spiroptera. (J. Fibriger.)

Radium.

Radioactive substances injected intravenously into animals are deposited for the most part in the bones, and when excreted are, to a large extent, through the walls of the intestine.

nfants.

That are breast fed frequently have skin diseases. This is due to the presence of certain poisons in the mother's diet. Psoriasis vulgaris and eczema were often cured by putting the patient on a strictly vegetarian diet.

Pyruvic Acid.

Formed in the body from carbohydrates is suggested as an intermediate substance in the synthesis of the fatty acids. Experimental evidence is given in support of this theory, and the states which are assumed to occur represented by equations.

Arsenic.

A body of a person suspected of chronic poisoning was exhumed three months after burial. Arsenic was found in all tissues examined, including bones and hair. The largest amount was found in the liver. The brain and spinal cord, particularly the latter, contained large quantities of Arsenic.—*F. P. Underhill.*

Serum.

Normal rabbit serum, which alone is not able to split urea, increases the urease action of small amounts of extracts of the Japanese soy bean. The active substance is called "auxourease." In the serum of animals which have been treated with soy extract, the same action is found though perhaps to a smaller degree. The autosubstance is not dialyzable; it stands 2 min. heating to boiling, or 1 hour at 55 degrees. Experiments on the urease of Robinia pseudaccacia gave no increase in activity when treated with serum.—*C. J. West.*

Acetanilid.

This drug was formerly supposed to have its toxic effect considerably lessened by the addition of Caffeine. Recent experimentation, however, has shown this idea to be a falacy and it has been proven that Acetanilid is more dangerous with Caffeine than without and that its poisonous action is decreased by the addition of Sodium bicarbonate. A chart showing the toxicity of Acetanilid and of Acetanilid combined with Caffeine and with Acetanilid combined with Sodium bicarbonate is shown in Bastedo's Materia Medica, Pharmacology and Therapeutics.

The Cells.

Of different strains of transplantable tumors show quantitative and qualitative differences in the various groups of lipoid substances present. These differences exist not only between tumor cells derived from different tissues (a sarcoma and a carcinoma), but also to a less extent between two different strains of tumor cells derived from the same tissue (a slow growing and a rapidly growing mammary carcinoma). Necrotic tumor cells show a great increase in the amount of total lipoids present, due chiefly to an increase in ordinary non-B, fats.—*A. T.*